

File Room Document Transmittal Sheet

Your Name: BARBARA RYAN
EPA ID: NCR000158493
Facility Name: NCDSCA D600079 (AMERICAN DRY CLEANERS)
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 6/2/2016
Author of Doc: SCOTT STUPAK

File Room Use Only

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
8	19	16

NCR000158493

Scanner's Initials:

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Waste Management
ENVIRONMENTAL QUALITY

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MICHAEL SCOTT
Director

June 13, 2016

AL CHAPMAN
NCДСCA D600079 (AMERICAN DRY CLEANERS)
1646 MAIL SERVICE CENTER
RALEIGH, NC 27699

RE: EPA ID # NCR000158493 - NCДСCA D600079 (AMERICAN DRY 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: June 13, 2016

NCR000158493 NCDSCA D600079 (AMERICAN DRY CLEANERS)

County: MECKLENBURG Source Type: S Seq. Number: 21 Receive Date: 02-Jun-2016

Location 1806 N GRAHAM ST SUITE 100
Address: CHARLOTTE, NC 282063027

Mailing 1646 MAIL SERVICE CENTER
Address: RALEIGH, NC 27699

Contact Person AL CHAPMAN 1646 MAIL SERVICE CENTER
 For Source (919) 707-8368 RALEIGH, NC 27699
Information US

Owner (current) 5013 WYNFORD COURT
 KENNETH& ESTHELA HILL HARRISBURG, NC 28075
 Type: P

From: 12/16/2014 To: Phone:

Operator (current) 1646 MAIL SERVICE CENTER
 PETITIONER(S) FOR DSCA SITE ID DC600079 RALEIGH, NC 27699
 Type: O

From: 08/02/2013 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: 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

TSD Activity: No

Processor: No

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

Recycler Activity: No

Refiner: No

Exempt Boiler and/or Industrial Furnace

Underground

Small Quantity Onsite Burner Exemption: No

Injection Control:

Smelting, melting, Refining Furnace

Destination Facility for
 Universal Waste: No

Exemption: No

Certification Information

First Name : SCOTT

Title PROJ MGR

Last Name : STUPAK

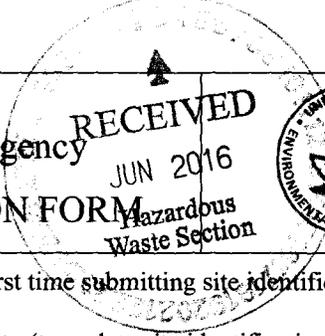
Date Signed 06/02/2016

NAICS Code

812320

Comments

UPDATED 8700-12 DATED 6/2/2016 DOWNGRADED FROM LQG TO SQG AS OF 6/2/2016
 MD 6/10/2016

	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM Hazardous Waste Section	
1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	<div style="text-align: right; font-size: small;">   </div> <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	NCR000158493	
3. Site Name	NCDSCA DC600079(American Dry Cleaners)	
4. Site Location Information	1806 N Graham ST, Suite100 Charlotte, North Carolina 28206-3027, Mecklenburg 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)	812320	
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 Kenneth & Esthela Hill	Date Became Owner 12/16/2014
	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 KENNETH & ESTHELA HILL 5013 WYNFORD COURT HARRISBURG NC 28075	
	B. Name of Site's Operator Petitioner(s) for DSCA Site ID DC600079	Date Became Operator 08/02/2013
	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	

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

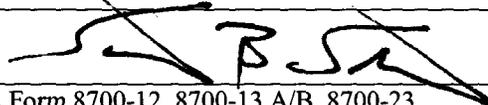
Y N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23),(24), or (25)?

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

13. Comments

Update Site Information:
LQG to SQG as of 6/2/2016

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)
	Scott Stupak, on behalf of Petitioners for DSCA Site ID DC600079	6/2/2016

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

- | | |
|---|---|
| <p>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 1. Generator of Hazardous Waste</p> <p><input type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs/mo) of non-acute hazardous waste.</p> <p><input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.</p> | <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 5. Transporter of Hazardous Waste</p> <p><input type="checkbox"/> a. Transporter
<input type="checkbox"/> b. Transfer Facility (at your site)</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities.</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 7. Recycler of Hazardous Waste</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 8. Exempt Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption
<input type="checkbox"/> b. Smelting, Melting, and Refining Furnace Exemption</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 9. Underground Injection Control</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 10. Receives Hazardous Waste from Off-site</p> |
|---|---|

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 | <input type="checkbox"/> |
| b. Pesticides | <input type="checkbox"/> |
| c. Mercury containing equipment | <input type="checkbox"/> |
| d. Lamps | <input type="checkbox"/> |
| e. Other (specify) _____ | <input type="checkbox"/> |
| f. Other (specify) _____ | <input type="checkbox"/> |
| g. Other (specify) _____ | <input type="checkbox"/> |
- 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-finer
- 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