

Hazardous Waste Section  
File Room Document Transmittal Sheet

17

Your Name: BARBARA RYAN  
EPA ID: NCR000166322  
Facility Name: NCDSCA DC510003 (CLAYTON VILLAGE CLNRS)  
Document Group: General (G)  
Document Type: Notification 8700 (8700)  
Description:  
Date of Doc: 6/2/2016  
Author of Doc: SCOTT STUPAK

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Date Recieved by File Room:

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NCR000166322

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**Waste Management**  
ENVIRONMENTAL QUALITY

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*Governor*

DONALD R. VAN DER VAART  
*Secretary*

MICHAEL SCOTT  
*Director*

June 13, 2016

PATRICK WATTERS  
NCDSCA DC510003 (CLAYTON VILLAGE CLNRS)  
1646 MAIL SERVICE CENTER  
RALEIGH, NC 27699-1646

**RE: EPA ID # NCR000166322 - NCDSCA DC510003 (CLAYTON VILLAGE CLNRS)**

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

**NCR000166322 NCDSCA DC510003 (CLAYTON VILLAGE CLNRS)**

County: JOHNSTON Source Type: S Seg. Number: 18 Receive Date: 02-Jun-2016

**Location** 10183 US HIGHWAY 70 WEST STE 100  
**Address:** CLAYTON, NC 27520

**Mailing** 1646 MAIL SERVICE CENTER  
**Address:** RALEIGH, NC 276991646

**Contact Person** PATRICK WATTERS 1646 MAIL SERVICE CENTER  
For Source (919) 707-8363 RALEIGH, NC 276991646  
Information US

**Owner (current)** 8044 MONGOMERY RD STE 710  
MO CLAYTON, LLC CINCINNATI, OH 45236 Type: P  
From: 12/30/2015 To: Phone:

**Operator (current)** 1646 MAIL SERVICE CENTER  
PETITIONER(S) FOR DSCA SITE ID DC510003 RALEIGH, NC 276991646 Type: O  
From: 10/01/2015 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		
<b>Other Hazardous Waste Generator Activities</b>	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		
<b>Exempt Boiler and/or Industrial Furnace</b>	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 06/02/2016

### NAICS Code:

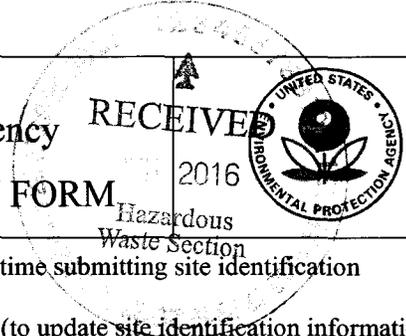
81232

### 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**



<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 <math>\geq 1,000</math> kg of hazardous waste, <math>&gt; 1</math> kg of acute hazardous waste, or <math>&gt;100</math>kg of acute hazardous waste spill cleanup <u>in one or more months</u> of the report year (or State equivalent LQG regulations)</p>										
<p>2. Site EPA ID</p>	<p>NCR000166322</p>										
<p>3. Site Name</p>	<p>NCDSCA DC510003( Clayton Village Cleaners )</p>										
<p>4. Site Location Information</p>	<p>10183 US Highway 70 West , Suite100                  Clayton, North Carolina 27520, Johnston 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>81232</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>Patrick Watters, Project Manager                  1646 Mail Service Center                  Raleigh, North Carolina, USA 27699-1646                  Patrick.Watters@ncdenr.gov                  (919)707-8363</p>										
<p>9. Legal Owner and Operator of the Site</p>	<table border="1"> <tr> <td data-bbox="365 1312 1250 1396"> <p>A. Name of Site's Legal Owner MO Clayton, LLC</p> </td> <td data-bbox="1250 1312 1594 1396"> <p>Date Became Owner 12/30/2015</p> </td> </tr> <tr> <td colspan="2" data-bbox="365 1396 1594 1480"> <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> </td> </tr> <tr> <td colspan="2" data-bbox="365 1480 1594 1659"> <p>MO CLAYTON, LLC                  8044 MONGOMERY ROAD, SUITE 710                  CINCINNATI OH 45236</p> </td> </tr> <tr> <td data-bbox="365 1659 1250 1743"> <p>B. Name of Site's Operator Petitioner(s) for DSCA Site ID DC510003</p> </td> <td data-bbox="1250 1659 1594 1743"> <p>Date Became Operator 10/01/2015</p> </td> </tr> <tr> <td colspan="2" data-bbox="365 1743 1594 1806"> <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 MO Clayton, LLC</p>	<p>Date Became Owner 12/30/2015</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>MO CLAYTON, LLC                  8044 MONGOMERY ROAD, SUITE 710                  CINCINNATI OH 45236</p>		<p>B. Name of Site's Operator Petitioner(s) for DSCA Site ID DC510003</p>	<p>Date Became Operator 10/01/2015</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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<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>											

**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 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**

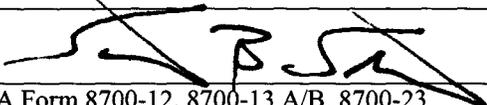
Y  N  Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23),(24), or (25)?

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 DC510003	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"/> <b>1. Generator of Hazardous Waste</b></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"/> <b>5. Transporter of Hazardous Waste</b></p> <p><input type="checkbox"/> a. Transporter<br/><input type="checkbox"/> b. Transfer Facility (at your site)</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>6. Treater, Storer, or Disposer of Hazardous Waste</b> Note: A hazardous waste Part B permit is required for these activities.</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>7. Recycler of Hazardous Waste</b></p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>8. Exempt Boiler and/or Industrial Furnace</b></p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption<br/><input type="checkbox"/> b. Smelting, Melting, and Refining Furnace Exemption</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>9. Underground Injection Control</b></p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>10. Receives Hazardous Waste from Off-site</b></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-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