

File Room Document Transmittal Sheet

Your Name: BARBARA RYAN
EPA ID: NCR000167510
Facility Name: NCDSCA DC410047 (ORDORLESS CLEANERS)
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 6/6/2016
Author of Doc: PATRICK WATTERS

File Room Use Only

NCR000167510

Date Recieved by File Room:

Month	Day	Year
9	6	16

Date Scanned:

Scanner's Initials:

SH



Waste Management
ENVIRONMENTAL QUALITY

PAT MCCRORY
Governor

DONALD R. VAN DER VAART
Secretary

MICHAEL SCOTT
Director

June 14, 2016

PATRICK WATTERS
NCДСCA DC410047 (ORDORLESS CLEANERS)
1646 MAIL SERVICE CENTER
RALEIGH NC 27699-1646

RE: EPA ID # NCR000167510 - NCДСCA DC410047 (ORDORLESS CLEANERS)

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: June 14, 2016

NCR000167510 NCDSCA DC410047 (ORDORLESS CLEANERS)

County: GUILFORD Source Type: N Seq. Number: 6 Receive Date: 06-Jun-2016

Location 205 W LEWIS ST STE 100
Address: GREENSBORO, NC 27406

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) 111 W LEWIS ST
 AZ DEVELPMENT LLC GREENSBORO, NC 27406 Type: P

From: 12/04/2015 To: Phone:

Operator (current) PETITIONER(S) FOR DSCA SITE ID DC410047 Type: O

From: 04/30/2016 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

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

Transporter: No
 Transfer Facility: No

Used Oil Processor and/or Re-refiner Activity

Processor: U
 Refiner: No

Underground Injection Control:

No

Off-Specification Used Oil Burner: No

Used Oil Fuel Marketer Activity
 Marketer who direct shipment off-specification used oil to off-specification used oil burner: No

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

Destination Facility for Universal Waste: No

Certification Information

First Name : PATRICK
 Last Name : WATTERS

Title PROJ MGR
 Date Signed 06/06/2016

NAICS Codes

81232

Comments

CREATED NEW 8700-12 DATED 6/6/2016 AS A SQG AS OF 6/6/2016 MD 6/14/2016



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 checked="" 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 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 <u>in one or more months</u> of the report year (or State equivalent LQG regulations)</p>								
<p>2. Site EPA ID</p>	<p>NCR 000167510</p>								
<p>3. Site Name</p>	<p>NCDSCA DC410047(Odorless Cleaners)</p>								
<p>4. Site Location Information</p>	<p>205 W Lewis ST, Suite100 Greensboro, North Carolina 27406, Guilford 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="363 1318 1250 1402"> <p>A. Name of Site's Legal Owner AZ Development, LLC</p> </td> <td data-bbox="1250 1318 1594 1402"> <p>Date Became Owner 12/4/2015</p> </td> </tr> <tr> <td colspan="2" data-bbox="363 1402 1594 1665"> <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>AZ DEVELOPMENT, LLC 111 W LEWIS ST GREENSBORO NC 27406</p> </td> </tr> <tr> <td data-bbox="363 1665 1250 1738"> <p>B. Name of Site's Operator Petitioner(s) for DSCA Site ID DC410047</p> </td> <td data-bbox="1250 1665 1594 1738"> <p>Date Became Operator 04/30/2016</p> </td> </tr> <tr> <td colspan="2" data-bbox="363 1738 1594 1810"> <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 AZ Development, LLC</p>	<p>Date Became Owner 12/4/2015</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>AZ DEVELOPMENT, LLC 111 W LEWIS ST GREENSBORO NC 27406</p>		<p>B. Name of Site's Operator Petitioner(s) for DSCA Site ID DC410047</p>	<p>Date Became Operator 04/30/2016</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>	
<p>A. Name of Site's Legal Owner AZ Development, LLC</p>	<p>Date Became Owner 12/4/2015</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>AZ DEVELOPMENT, LLC 111 W LEWIS ST GREENSBORO NC 27406</p>									
<p>B. Name of Site's Operator Petitioner(s) for DSCA Site ID DC410047</p>	<p>Date Became Operator 04/30/2016</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>									

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

Initial Notification as SQG as of 6/6/2016

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)
	Patrick Watters, on behalf of Petitioners for DSCA Site ID DC410047	6/6/2016

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

- 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 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.

- 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 Part B 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 (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