

File Room Document Transmittal Sheet

##

Your Name: MEL DEAVER
EPA ID: NCR000167668
Facility Name: CALIBER COLLISION CENTERS-FAYETTEVILLE
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 4/15/2016
Author of Doc: SHARON LAWRENCE

File Room Use Only

NCR000167668

Date Recieved by File Room:

| Month | Day | Year |
|-------|-----|------|
| 9 | 15 | 16 |

Date Scanned:

Scanner's Initials:





Waste Management
ENVIRONMENTAL QUALITY

PAT MCCRORY
Governor

DONALD R. VAN DER VAART
Secretary

MICHAEL SCOTT
Director

July 22, 2016

SHARON LAWRENCE
CALIBER COLLISION CENTERS-FAYETTEVILLE
401 E CORPORATE DR STE 150
LEWISVILLE TX 75057

RE: EPA ID # NCR000167668 - CALIBER COLLISION CENTERS-FAYETTEVILLE

Dear Facility Contact:

Thank you for notifying the North Carolina Hazardous Waste Section of your activities as a Conditionally Exempt 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: July 22, 2016

NCR000167668 CALIBER COLLISION CENTERS-FAYETTEVILLE

County: CUMBERLAND Source Type: N Seq. Number: 4 Receive Date: 21-Jul-2016

| | |
|---|---|
| Location 1509 SKIBO RD Address: FAYETTEVILLE, NC 28303 | Mailing 401 E CORPORATE DR STE 150 Address: LEWISVILLE, TX 75057 |
|---|---|

Contact Person SHARON LAWRENCE 401 E CORPORATE DR STE 150
For Source (469) 948-9630 LEWISVILLE, TX 75057
Information US

Owner (current) 401 E CORPORATE DR STE 150
 CALIBER COLLISION CENTER LEWISVILLE, TX 75057 **Type: P**

From: 01/01/1601 **To:** **Phone:** (469) 948-9500

Operator (current) **Type: P**
 DWANE DUNGAN

From: 03/14/2016 **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: Conditionally Exempt SQG; State: Conditionally Exempt SQG

| 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: | U |
| 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 | Destination Facility for Universal Waste: | No |
| Exempt Boiler and/or Industrial Furnace | Underground Injection Control: | | |
| Small Quantity Onsite Burner Exemption: No | No | | |
| Smelting, melting, Refining Furnace Exemption: No | | | |

Certification Information

First Name : SHARON **Title** REG COMPL COORD
Last Name : LAWRENCE **Date Signed** 04/15/2016

NAICS Codes

811121

Comments

CREATED NEW 8700-12 DATED 4/15/2016 AS A CESQG. MD 7/22/2016



Waste Management
ENVIRONMENTAL QUALITY

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401 E CORPORATE DR STE 150
LEWISVILLE TX 75057

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Julie Woosley, Chief
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County: CUMBERLAND Source Type: N Seq. Number: 4 Receive Date: 21-Jul-2016

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|---|---|

| | |
|--|--|
| Contact Person SHARON LAWRENCE For Source Information (469) 948-9630 | 401 E CORPORATE DR STE 150 LEWISVILLE, TX 75057 US |
|--|--|

| | | |
|--|--|-----------------------|
| Owner (current) CALIBER COLLISION CENTER | 401 E CORPORATE DR STE 150 LEWISVILLE, TX 75057 | Type: P |
| From: 01/01/1601 | To: | Phone: (469) 948-9500 |

| | | |
|---|-----|---------|
| Operator (current) DWANE DUNGAN | | Type: P |
| From: 03/14/2016 | 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: Conditionally Exempt SQG; State: Conditionally Exempt SQG

| 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: | U |
| 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 | Destination Facility for Universal Waste: | No |
| Exempt Boiler and/or Industrial Furnace | Underground Injection Control: | | |
| Small Quantity Onsite Burner Exemption: No | | | |
| Smelting, melting, Refining Furnace Exemption: No | | | |

Certification Information

| | | |
|----------------------|-------------|-----------------|
| First Name : SHARON | Title | REG COMPL COORD |
| Last Name : LAWRENCE | Date Signed | 04/15/2016 |

NAICS Codes

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Comments

CREATED NEW 8700-12 DATED 4/15/2016 AS A CESQG. MD 7/22/2016

RECEIVED

JUL 2016

Hazardous Waste Section



United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM

SEND COMPLETED FORM TO:
The Appropriate State or Regional Office.

1. Reason for Submittal

MARK ALL BOX(ES) THAT APPLY

- Reason for Submittal:**
- To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
 - To provide a Subsequent Notification (to update site identification information for this location)
 - As a component of a First RCRA Hazardous Waste Part A Permit Application
 - As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)
 - As a component of the Hazardous Waste Report (If marked, see sub-bullet below)
 - Site was a TSD facility and/or generator of >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)

2. Site EPA ID Number
EPA ID Number NCRA000167668

3. Site Name
Name: Caliber Collision Centers - Fayetteville

4. Site Location Information
Street Address: 1509 Skibo Road
City, Town, or Village: Fayetteville County: Cumberland
State: NC Country: USA Zip Code: 28303

5. Site Land Type Private County District Federal Tribal Municipal State Other

6. NAICS Code(s) for the Site (at least 5-digit codes)
A. 811121 C. _____
B. _____ D. _____

7. Site Mailing Address
Street or P.O. Box: 401 E Corporate Drive - Suite 150
City, Town, or Village: Lewisville
State: TX Country: USA Zip Code: 75057

8. Site Contact Person
First Name: Sharon MI: Last: Lawrence
Title: Regulatory Compliance Coordinator
Street or P.O. Box: 401 E Corporate Drive - Suite 150
City, Town or Village: Lewisville
State: TX Country: Zip Code: 75057
Email: sharon.lawrence@calibercollision.com
Phone: 469-948-9630 Ext.: Fax:

9. Legal Owner and Operator of the Site
A. Name of Site's Legal Owner: Caliber Collision Center Date Became Owner:
Owner Type: Private County District Federal Tribal Municipal State Other
Street or P.O. Box: 401 E Corporate Drive - Suite 150
City, Town, or Village: Lewisville Phone: 469-948-9500
State: TX Country: Zip Code: 75057
B. Name of Site's Operator: Dwane Dungan Date Became Operator: 3/14/16
Operator Type: Private County District Federal Tribal Municipal State Other

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.

- | | |
|--|---|
| <p>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 1. Generator of Hazardous Waste If "Yes," mark only one of the following - a, b, or c.</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 type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs/mo) of non-acute hazardous waste.</p> <p><input checked="" type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.</p> <p>If "Yes" above, indicate other generator activities in 2-10.</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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.</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 3. United States Importer of Hazardous Waste</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 4. Mixed Waste (hazardous and radioactive) Generator</p> | <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 5. Transporter of Hazardous Waste If "Yes," mark all that apply.</p> <p><input type="checkbox"/> a. Transporter</p> <p><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 If "Yes," mark all that apply.</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><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> |
|--|---|

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 | <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**
 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

EPA ID Number

NCR10001167668

OMB#: 2050-0024; Expires 01/31/2017

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

Multiple empty horizontal lines for entering comments.

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 legal owner, operator, or an authorized representative | Name and Official Title (type or print) | Date Signed (mm/dd/yyyy) |
|---|---|--------------------------|
| <i>Sharon Lawrence</i> | Sharon Lawrence Reg. Compl. Coord. | 04/15/2016 |
| | | |