

Hazardous Waste Section
File Room Document Transmittal Sheet

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Your Name: MEL DEAVER
EPA ID: NCR000168559
Facility Name: NCDSCA DC740014 (FABRIC CARE CENTER)
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 9/6/2016
Author of Doc: TONNITA HARRIS

File Room Use Only

NCR000168559

Date Recieved by File Room:

Month	Day	Year
10	7	2016

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Waste Management
ENVIRONMENTAL QUALITY

PAT MCCRORY

Governor

DONALD R. VAN DER VAART

Secretary

MICHAEL SCOTT

Director

September 26, 2016

JAY KING
NCДСCA DC740014 (FABRIC CARE CENTER)
1646 MAIL SERVICE CENTER
RALEIGH NC 27699-1646

RE: EPA ID # NCR000168559 - NCДСCA DC740014 (FABRIC CARE CENTER)

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: September 26, 2016

NCR000168559 NCSCA DC740014 (FABRIC CARE CENTER)

County: Pitt Source Type: Site Seq. Number: 6 Review Date: 22 Sep 2016

Location 2512 S MEMORIAL DR STE 100 Address: GREENVILLE, NC 278345021	Mailing 1646 MAIL SERVICE CENTER Address: RALEIGH, NC 276991646
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Contact Person JAY KING For Source Information (919) 707-8367	1646 MAIL SERVICE CENTER RALEIGH, NC 276991646 US
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Owner (current) DENISE ODEH ADORIA BEAUTY CTR INC	2512 S MEMORIAL DR GREENVILLE, NC 27834	Type: O
From: 06/14/2016	To:	Phone:

Operator (current) PETITIONER(S) FOR DSCA SITE ID DC740014		Type: O
From: 09/20/2016	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	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: U	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		
Exempt Boiler and/or Industrial Furnace	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 : JAY	Title	PROJ MGR
Last Name : KING	Date Signed	09/20/2016

NAICS Codes

81232

Comments

CREATED NEW 8700-12 DATED 9/20/2016 AS A SQG AS OF 9/20/2016 MD 9/26/2016



Waste Management
ENVIRONMENTAL QUALITY

2016 INVOICE

ATTENTION: ACCOUNTS PAYABLE
NCДСА DC740014 (FABRIC CARE CENTER)
1646 MAIL SERVICE CENTER
RALEIGH, NC 27699-1646

FACILITY LOCATION ADDRESS:

JAY KING
NCДСА DC740014 (FABRIC CARE CENTER)
2512 S MEMORIAL DR STE 100
GREENVILLE, NC 278345021

FACILITY EPA ID #	INVOICE #	INVOICE DATE	AMOUNT DUE	DUE DATE	ENTER AMOUNT PAID
NCR000168559	HW74089	9/26/2016	175.00	10/26/2016	

- 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 generator status as of the invoice date and includes any past-due balances. A 10% late-payment penalty has been assessed for unpaid annual fee balances by fiscal year.
- C. 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

D. Remit Payment:

To pay via e-check or credit card, go to <http://deq.nc.gov/about/divisions/waste-management/hazardous-waste-section/hw-epayments>. You will need your facility's EPA 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 **NC 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: NC DIVISION OF WASTE MANAGEMENT
HAZARDOUS WASTE SECTION
1646 MAIL SERVICE CENTER
RALEIGH, NC 27699-1646**



United States Environmental Protection Agency
 RCRA SUBTITLE C SITE IDENTIFICATION FORM

RECEIVED

SEP 2016

Hazardous Waste Section



<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>NCR000168559</p>								
<p>3. Site Name</p>	<p>NCDSCA DC740014(Fabric Care Center)</p>								
<p>4. Site Location Information</p>	<p>2512 S Memorial DR, Suite100 Greenville, North Carolina 27834-5021, Pitt 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>Jay King, Project Manager 1646 Mail Service Center Raleigh, North Carolina, USA 27699-1646 jay.king@ncdenr.gov (919)707-8367</p>								
<p>9. Legal Owner and Operator of the Site</p>	<table border="1"> <tr> <td data-bbox="375 1310 1260 1398"> <p>A. Name of Site's Legal Owner Denise Odeh, Adoria Beauty Center, Inc.</p> </td> <td data-bbox="1260 1310 1604 1398"> <p>Date Became Owner 6/14/2016</p> </td> </tr> <tr> <td colspan="2" data-bbox="375 1398 1604 1654"> <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>DENISE ODEH OWNER ADORIA BEAUTY CENTER, INC. 2512 SOUTH MEMORIAL DRIVE GREENVILLE NC 27834</p> </td> </tr> <tr> <td data-bbox="375 1654 1260 1730"> <p>B. Name of Site's Operator Petitioner(s) for DSCA Site ID DC740014</p> </td> <td data-bbox="1260 1654 1604 1730"> <p>Date Became Operator 09/20/2016</p> </td> </tr> <tr> <td colspan="2" data-bbox="375 1730 1604 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 Denise Odeh, Adoria Beauty Center, Inc.</p>	<p>Date Became Owner 6/14/2016</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>DENISE ODEH OWNER ADORIA BEAUTY CENTER, INC. 2512 SOUTH MEMORIAL DRIVE GREENVILLE NC 27834</p>		<p>B. Name of Site's Operator Petitioner(s) for DSCA Site ID DC740014</p>	<p>Date Became Operator 09/20/2016</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>	
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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

Initial Notification as SQG as of 9/20/2016

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)
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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

The reason for this submittal is due to a change in the contact person as a result of staffing changes. The new contact person is Tonnita Harris, Sr. Specialist EH&S.

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)
	Tonnita Harris	09/06/2016
	Sr. Specialist EH&S	

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

	Jay King, on behalf of Petitioners for DSCA Site ID DC740014	9/20/2016
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EPA Form 8700-12, 8700-13 A/B, 8700-23