

File Room Document Transmittal Sheet

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Your Name: MEL DEAVER  
EPA ID: NCD986232593  
Facility Name: SHORES FINE DRY CLEANERS #505  
Document Group: General (G)  
Document Type: Notification 8700 (8700)  
Description:  
Date of Doc: 1/21/2016  
Author of Doc: CHRISTOPHER T. EDWARDS

**File Room Use Only**

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
4	14	16

NCD986232593

Scanner's Initials:





**Waste Management**  
ENVIRONMENTAL QUALITY

PAT MCCRORY  
*Governor*

DONALD R. VAN DER VAART  
*Secretary*

MICHAEL SCOTT  
*Acting Director*

March 08, 2016

CHRIS EDWARDS  
SHORES FINE DRY CLEANERS #505  
3918 BATTLEGROUNDAVE  
HIGH POINT, NC 27410

**RE: EPA ID # NCD986232593 - SHORES FINE DRY CLEANERS #505**

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: March 08, 2016

**NCD986232593 SHORES FINE DRY CLEANERS #505**

County: GUILFORD      Site Type: 2      Site Number: 21      Receive Date: 28 Jan 2016

<b>Location</b> 3918 BATTLEGROUND AVE <b>Address:</b> GREENSBORO, NC 27410	<b>Mailing</b> 2334 ENGLISH ROAD <b>Address:</b> HIGH POINT, NC 27262
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<b>Contact Person</b> CHRIS EDWARDS <b>For Source Information</b> (336) 841-4188	3918 BATTLEGROUND AVE HIGH POINT, NC 27410 US
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<b>Owner (current)</b> SHORES DRY CLEANING INC	2019 EASTCHESTER DR HIGH POINT, NC 27265	Type: P
From: 01/01/2014	To:	Phone:

<b>Operator (current)</b> SHORES DRY CLEANING INC	3918 BATTLEGROUND AVE GREENSBORO, NC 27410	Type: P
From: 01/01/2014	To:	Phone:

Land Type: P	Non Notifier : E	Commercial Availability: U	Tsd Date:
Accessibility:	No. Employees :	State District:	

**Regulatory Status Summary**

Hazardous Waste Generator Status - Federal: Not a Generator; State: Not a Generator

<b>Transfer Facility:</b> U	<b>Used Oil Activities</b>		
<b>Other Hazardous Waste Generator Activities</b>	<b>Used Oil Transport Activity</b>	<b>Off-Specification Used Oil Burner:</b>	No
Importer Activity: No	Transporter: No	<b>Used Oil Fuel Marketer Activity</b>	
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	<b>Used Oil Processor and/or Re-refiner Activity</b>	Marketer who first claims the used oil meets the specifications:	No
TSD Activity: No	Processor: No		
Recycler Activity: No	Refiner: No	<b>Destination Facility for Universal Waste:</b>	No
<b>Exempt Boiler and/or Industrial Furnace</b>	<b>Underground Injection Control:</b>		
Small Quantity Onsite Burner Exemption: No	No		
Smelting, melting, Refining Furnace Exemption: No			

**Certification Information**

First Name : CHRISTOPHER	Title	PRESIDENT
Last Name : EDWARDS	Date Signed	01/21/2016

**Notes**

81232

**Comments**

UPDATED 8700-12 DATED 1/21/2016 SITE NAME, SITE MAILING ADDRESS, LEGAL OWNER/OPERATOR INFOR, SITE CONTACT PERSON INFOR. MD 3/8/2016

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

United States Environmental Protection Agency  
**RCRA SUBTITLE C SITE IDENTIFICATION FORM**

REC  
JAN 2014  
Hazardous Waste



**1. Reason for Submittal**

**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)

MARK ALL BOX(ES) THAT APPLY

**2. Site EPA ID Number**

EPA ID Number N C D | 9 8 6 2 3 2 | 5 9 3

**3. Site Name**

Name: Shores Fine Dry Cleaners #505

**4. Site Location Information**

Street Address: 3918 Battleground Av.  
 City, Town, or Village: Greensboro County: Guilford  
 State: NC Country: USA Zip Code: 27410

**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. 81232 c. | | | | |  
 B. | | | | | D. | | | | |

**7. Site Mailing Address**

Street or P.O. Box: 2019 Eastchester Dr.  
 City, Town, or Village: High Point  
 State: NC Country: USA Zip Code: 27265

**8. Site Contact Person**

First Name: Chris MI: T Last: Edwards  
 Title: President

Street or P.O. Box: same as mailing address

City, Town or Village:  
 State: Country: Zip Code:  
 Email: chrisedw@aol.com  
 Phone: 336-841-4188 Ext.: Fax:

**9. Legal Owner and Operator of the Site**

A. Name of Site's Legal Owner: Shores Dry Cleaning, Inc.  
 Owner Type:  Private  County  District  Federal  Tribal  Municipal  State  Other  
 Date Became Owner: 1/1/2014

Street or P.O. Box: same as mailing address

City, Town, or Village: Phone:  
 State: Country: Zip Code:

B. Name of Site's Operator: Shores Dry Cleaning, Inc. Date Became Operator: 1/1/2014

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.

- Y  N  1. **Generator of Hazardous Waste**  
If "Yes," mark only one of the following – a, b, or c.
- 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.

If "Yes" above, indicate other generator activities in 2-10.

- 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**

- Y  N  5. **Transporter of Hazardous Waste**  
If "Yes," mark all that apply.
- 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**  
If "Yes," mark all that apply.
- 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**

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
- 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**  
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

**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 Waste**

**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.

**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)?

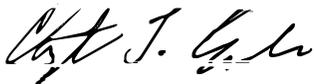
If "Yes," you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

**13. Comments**

Subsequent notification of changes to mailing address operator, and ownership.,

**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)

Christopher T. Edwards, *President*

Date Signed (mm/dd/yyyy)

1/21/2016