

Hazardous Waste Section
File Room Document Transmittal Sheet

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Your Name: MEL DEAVER
EPA ID: NCR000166900
Facility Name: SHEETZ #597
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 2/26/2016
Author of Doc: DAVID DODSON

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NCR000166900

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March 17, 2016

DAVID DODSON
SHEETZ #597
5700 SIXTH AVE
ALTOONA PA 16602

RE: EPA ID # NCR000166900 - SHEETZ #597

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,

A handwritten signature in black ink, appearing to read 'Julie Woosley', written in a cursive style.

Julie Woosley, Chief
Hazardous Waste Section

cc: Central Files(General)

IBEAM.- RCRA Site Detail

Report run on: March 17, 2016

NCR000166900 SHEETZ #597

County: CATAWBA Source Type: N Seq. Number: 2 Receive Date: 03-Mar-2016

Location 2191 13TH AVE DR SE Address: HICKORY, NC 28602		Mailing 5700 SIXTH AVE Address: ALTOONA, PA 16602	
Contact Person	DAVID DODSON	5700 SIXTH AVE	
For Source Information	(814) 239-1402	ALTOONA, PA 16602 US	
Owner (current)	SHEETZ INC	5700 SIXTH AVE ALTOONA, PA 16602	
From: 09/30/2010		To:	Type: P Phone: (814) 239-1402
Operator (current)	SHEETZ INC	5700 SIXTH AVE ALTOONA, PA 16602	
From: 09/30/2010		To:	Type: P Phone: (814) 239-1402
Land Type: P	Non Notifier : E	Commercial Availability:	Tsd Date:
Accessibility:	No. Employees :	State District:	

Required 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:	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	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			

Notification Information

First Name : DAVID	Title	ENV DIR
Last Name : DODSON	Date Signed	02/26/2016

NAICS Codes

447110

Comments

CREATED NEW 8700-12 DATED 2/26/2016 AS A CESQG. MD 3/16/2016

<p>SEND COMPLETED FORM TO: The Appropriate State or Regional Office.</p>	<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p> <div style="text-align: right;">  <p>RECEIVED MAR 2016 Hazardous Waste Section</p> </div>		
<p>1. Reason for Submittal</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input checked="" type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)</p> <p><input type="checkbox"/> To provide a Subsequent Notification (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 >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)</p>		
<p>2. Site EPA ID Number</p>	<p>EPA ID Number <u>NCR000166900</u></p>		
<p>3. Site Name</p>	<p>Name: Sheetz #597</p>		
<p>4. Site Location Information</p>	<p>Street Address: 2191 13th Avenue Drive SE</p> <p>City, Town, or Village: Hickory County: Catawba</p> <p>State: NC Country: United States Zip Code: 28602</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) for the Site (at least 5-digit codes)</p>	<p>A. <u>4 4 7 1 1 0</u> C. _____</p> <p>B. _____ D. _____</p>		
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: 5700 Sixth Avenue</p> <p>City, Town, or Village: Altoona</p> <p>State: PA Country: United States Zip Code: 16602</p>		
<p>8. Site Contact Person</p>	<p>First Name: David MI: Last: Dodson</p> <p>Title: Director of Environmental Services</p> <p>Street or P.O. Box: 5700 Sixth Ave</p> <p>City, Town or Village: Altoona</p> <p>State: PA Country: United States Zip Code: 16602</p> <p>Email: ddodson@sheetz.com</p> <p>Phone: 814-239-1402 Ext.: Fax: 814-239-1459</p>		
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: Sheetz, Inc. Date Became Owner: 09-30-2010</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>Street or P.O. Box: 5700 Sixth Avenue</p> <p>City, Town, or Village: Altoona Phone: 814-239-1402</p> <p>State: PA Country: States Zip Code: 16602</p> <p>B. Name of Site's Operator: Sheetz, Inc. Date Became Operator: 09-30-2010</p> <p>Operator 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>		

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.

- 1. Generator of Hazardous Waste
If "Yes", mark only one of the following - a, b, or c.
a. LQG: Generates, in an A calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in an A calendar month, or accumulates at an A time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in an A calendar month, or accumulates at an A 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 2-4.

- 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.
3. United States Importer of Hazardous Waste
4. Mixed Waste (hazardous and radioactive) Generator

- 5. Transporter of Hazardous Waste
If "Yes", mark all that apply.
a. Transporter
b. Transfer Facility (at our site)
6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities.
7. Recycler of Hazardous Waste
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
9. Underground Injection Control
10. Receives Hazardous Waste from Off-site

B. Universal Waste Activities; Complete all parts 1-2.

- 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)

- 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.

- 1. Used Oil Transporter
If "Yes", mark all that apply.
a. Transporter
b. Transfer Facility (at our site)
2. Used Oil Processor and/or Re-refiner
If "Yes", mark all that apply.
a. Processor
b. Re-refiner
3. Off-Specification Used Oil Burner
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.

D001						
D018						

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.

EPA ID Number

NCR 000 166900

OMB#: 2050-0024; Expires 12/31/2014

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

This is an initial application to obtain a CESQG EPA ID number.

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)
	David Dodson, Environmental Director	02/26/2016

ADDENDUM TO THE SITE IDENTIFICATION FORM: NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY



ONLY fill out this form if:

- ❖ You are located in a State that allows you to manage excluded hazardous secondary material (HSM) under 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent). See <http://www.epa.gov/epawaste/hazard/dsw/statespf.htm> for a list of eligible states; AND
- ❖ You are or will be managing excluded HSM in compliance with 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent) or you have stopped managing excluded HSM in compliance with the exclusion(s) and do not expect to manage an amount of excluded HSM under the exclusion(s) for at least one year. Do not include an information regarding your hazardous waste activities in this section.

1. Indicate reason for notification. Include dates where requested.

- Facility will begin managing excluded HSM as of _____ (mm/dd/AAAA).
- Facility is still managing excluded HSM, notifying as required by March 1 of each even-numbered year.
- Facility has stopped managing excluded HSM as of _____ (mm/dd/AAAA) and is notifying as required.

2. Description of excluded HSM activity. Please list the appropriate codes and quantities in **short tons** to describe your excluded HSM activity ONLY (do not include an information regarding your hazardous wastes). Use additional pages if more space is needed.

a. Facility code (answer using codes listed in the Code List section of the instructions)	b. Waste code(s) for HSM	c. Estimated short tons of excluded HSM to be managed annually	d. Actual short tons of excluded HSM that was managed during the most recent odd-numbered year	e. Land-based unit code (answer using codes listed in the Code List section of the instructions)

3. Facility has financial assurance pursuant to 40 CFR 261.4(a)(24)(vi). (Financial assurance is required for reclaimers and intermediate facilities managing excluded HSM under 40 CFR 261.4(a)(24) and (25))

Y N Does this facility have financial assurance pursuant to 40 CFR 261.4(a)(24)(vi)?