

File Room Document Transmittal Sheet

Your Name: BELLA NGUYEN
EPA ID: NCR000141085
Facility Name: NCDSCA DC980007 (EXCLUSIVE CLEANERS)
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 4/11/2016
Author of Doc: MIKE CUNNINGHAM

File Room Use Only

NCR000141085

Date Recieved by File Room:

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5	6	16

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Waste Management
ENVIRONMENTAL QUALITY

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Acting Director

April 26, 2016

MIKE CUNNINGHAM
NCDSCA DC980007 (EXCLUSIVE CLEANERS)
1646 MAIL SERVICE CTR
RALEIGH, NC 27699-1646

RE: EPA ID # NCR000141085 - NCDSCA DC980007 (EXCLUSIVE CLEANERS)

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: April 26, 2016

NCR000141085 NCDSCA DC980007 (EXCLUSIVE CLEANERS)

County: WILSON Source Type: S Seq. Number: 10 Receive Date: 11-Apr-2016

Location 2700 WARD BLVD, STE 100
Address: WILSON, NC 278941730

Mailing 1646 MAIL SERVICE CTR
Address: RALEIGH, NC 276991646

Contact Person MIKE CUNNINGHAM 1646 MAIL SERVICE CTR
 For Source (919) 707-8454X8361 RALEIGH, NC 276991646
 Information US

Owner (current) LAMM DEVELOPMENT COMPANY OF WILSON INC PO BOX 1908 WILSON, NC 27894 Type: P
 From: 08/01/1975 To: Phone:

Operator (current) PETITIONER(S) FOR DSCA SITE ID DC980007 2700 WARD BLVD STE 100 WILSON, NC 278941730 Type: P
 From: 05/11/2005 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: Not a Generator; State: Not a 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: No	Marketer who direct shipment
Transporter Activity: No	Used Oil Processor and/or	off-specification used oil to
TSD Activity: No	Re-refiner Activity	off-specification used oil burner:
Recycler Activity: No	Processor: No	Marketer who first claims the used
	Refiner: No	oil meets the specifications:
		No

Exempt Boiler and/or Industrial Furnace

Underground Injection Control:	No	Destination Facility for Universal Waste:	No
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Small Quantity Onsite Burner Exemption: No
 Smelting, melting, Refining Furnace Exemption: No

Certification Information

First Name : MIKE Title PROJ MGR
 Last Name : CUNNINGHAM Date Signed 04/11/2016

NAICS Codes

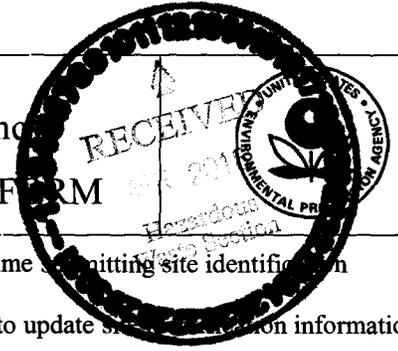
812320

Comments

UPDATED 8700-12 DATED 4/11/2016 NAG AS OF 4/1/2016 MD 4/26/2016



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 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 checked="" 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>NCR000141085</p>										
<p>3. Site Name</p>	<p>NCDSCA DC980007(Exclusive Cleaners)</p>										
<p>4. Site Location Information</p>	<p>2700 Ward Blvd, Suite100 Centura Village Shopping Center Wilson, North Carolina 27894-1730, Wilson 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>812320</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>Mike Cunningham, Project Manager 1646 Mail Service Center Raleigh, North Carolina, USA 27699-1646 Mike.Cunningham@ncdenr.gov (919)707-8361</p>										
<p>9. Legal Owner and Operator of the Site</p>	<table border="1"> <tr> <td data-bbox="357 1354 1242 1438"> <p>A. Name of Site's Legal Owner Lamm Development Company of Wilson, Inc.</p> </td> <td data-bbox="1242 1354 1591 1438"> <p>Date Became Owner 8/1/1975</p> </td> </tr> <tr> <td colspan="2" data-bbox="357 1438 1591 1512"> <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> </td> </tr> <tr> <td colspan="2" data-bbox="357 1512 1591 1690"> <p>LAMM DEVELOPMENT COMPANY OF WILSON, INC. PO BOX 1908 WILSON NC 27894</p> </td> </tr> <tr> <td data-bbox="357 1690 1242 1774"> <p>B. Name of Site's Operator Petitioner(s) for DSCA Site ID DC980007</p> </td> <td data-bbox="1242 1690 1591 1774"> <p>Date Became Operator 05/11/2005</p> </td> </tr> <tr> <td colspan="2" data-bbox="357 1774 1591 1841"> <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 Lamm Development Company of Wilson, Inc.</p>	<p>Date Became Owner 8/1/1975</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>LAMM DEVELOPMENT COMPANY OF WILSON, INC. PO BOX 1908 WILSON NC 27894</p>		<p>B. Name of Site's Operator Petitioner(s) for DSCA Site ID DC980007</p>	<p>Date Became Operator 05/11/2005</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

Update Site Information:

Facility No longer A Generator (NAG) as of 4/1/2016

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)
	Mike Cunningham, on behalf of Petitioners for DSCA Site ID DC980007	4/11/2016

10. Types 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-finer
- 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