

Hazardous Waste Section  
File Room Document Transmittal Sheet

17

Your Name: BELLA NGUYEN  
EPA ID: NCR000141200  
Facility Name: NCDSCA DC260005 (DAVIS 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**

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
5	6	16

NCR000141200

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**Waste Management**  
ENVIRONMENTAL QUALITY

PAT MCCRORY  
*Governor*

DONALD R. VAN DER VAART  
*Secretary*

MICHAEL SCOTT  
*Acting Director*

April 26, 2016

MIKE CUNNINGHAM  
NCDSCA DC260005 (DAVIS CLEANERS)  
1646 MAIL SERVICE CTR  
RALEIGH, NC 27699-1646

**RE: EPA ID # NCR000141200 - NCDSCA DC260005 (DAVIS 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

**NCR000141200 NCDSCA DC260005 (DAVIS CLEANERS)**

County: CUMBERLAND Source Type: S Seq. Number: 17 Receive Date: 11-Apr-2016

**Location** 1672 OWEN DR, STE 100  
**Address:** FAYETTEVILLE, NC 283043424

**Mailing** 1646 MAIL SERVICE CTR  
**Address:** RALEIGH, NC 276991646

**Contact Person** MIKE CUNNINGHAM 1646 MAIL SERVICE CTR  
 For Source (919) 707-8361 RALEIGH, NC 276991646  
**Information** US

**Owner (current)** CAPE FEAR VALLEY HEALTH SYSTEM 1638 OWEN DR FAYETTEVILLE, NC 28304 **Type: P**

**From:** 12/01/2005 **To:** **Phone:**

**Operator (current)** PETITIONER(S) FOR DSCA SITE ID DC260005 1646 MAIL SERVICE CTR RALEIGH, NC 276991646 **Type: O**

**From:** 03/16/2006 **To:** **Phone:**

**Land Type:** P **Non Notifier :** E **Commercial Availability:** **Tsd Date:**

**Accessibility:** **No. Employees :** **State District:**

## Regulatory 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 off-specification used oil to off-specification used oil burner:** No

**Transporter Activity:** No

**Used Oil Processor and/or Re-refiner Activity**

**TSD Activity:** No

**Processor:** No

**Marketer who first claims the used oil meets the specifications:** No

**Recycler Activity:** No

**Refiner:** No

**Exempt Boiler and/or Industrial Furnace**

**Small Quantity Onsite Burner Exemption:** No

**Underground Injection Control:** No

**Destination Facility for Universal Waste:** No

**Smelting, melting, Refining Furnace Exemption:** No

## Certification Information

**First Name :** MIKE

**Title** PROJ MGR

**Last Name :** CUNNINGHAM

**Date Signed** 04/11/2016

## NAICS Code:

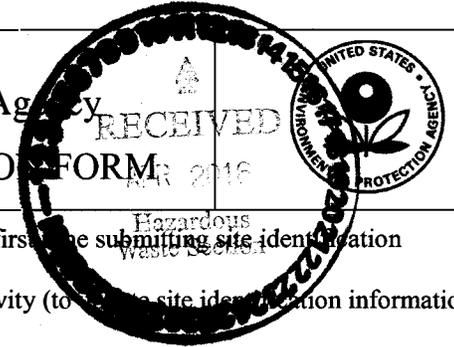
812320

## 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 <math>\geq 1,000</math> kg of hazardous waste, <math>&gt; 1</math> kg of acute hazardous waste, or <math>&gt;100</math>kg 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>NCR000141200</p>	
<p>3. Site Name</p>	<p>NCDSCA DC260005( Davis Cleaners )</p>	
<p>4. Site Location Information</p>	<p>1672 Owen Dr, Suite100                  Fayetteville, North Carolina 28304-3424, Cumberland 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>	<p>A. Name of Site's Legal Owner                  Cape Fear Valley Health System</p>	<p>Date Became Owner                  12/1/2005</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>CAPE FEAR VALLEY HEALTH SYSTEM                  1638 OWEN DRIVE                  FAYETTEVILLE NC 28304</p>		
<p>B. Name of Site's Operator                  Petitioner(s) for DSCA Site ID DC260005</p>		<p>Date Became Operator                  03/16/2006</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>		

**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 CRF 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 DC260005	4/11/2016

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

- 1. Generator of Hazardous Waste
5. Transporter of Hazardous Waste
6. Treater, Storer, or Disposer of Hazardous Waste
7. Recycler of Hazardous Waste
8. Exempt Boiler and/or Industrial Furnace
9. Underground Injection Control
10. Receives Hazardous Waste from Off-site

If "Yes" above, indicate other generator activities.

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

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

- 1. Large Quantity Handler of Universal Waste
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

C. Used Oil Activities; Complete all parts 1-4.

- 1. Used Oil Transporter
2. Used Oil Processor and/or Re-refiner
3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer