

File Room Document Transmittal Sheet

Your Name: BELLA NGUYEN  
EPA ID: NCR000167080  
Facility Name: NCDSCA DC600092 (DRY CLEAN CITY)  
Document Group: General (G)  
Document Type: Notification 8700 (8700)  
Description:  
Date of Doc: 3/17/2016  
Author of Doc: BILLY MEYER

**File Room Use Only**

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
5	9	16

NCR000167080

Scanner's Initials:



Waste Management  
ENVIRONMENTAL QUALITY

PAT MCCRORY  
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Secretary

MICHAEL SCOTT  
Acting Director

April 08, 2016

BILLY MEYER  
NCДСCA DC600092 (DRY CLEAN CITY)  
1646 MAIL SERVICE CENTER  
RALEIGH NC 27699-1646

**RE: EPA ID # NCR000167080 - NCДСCA DC600092 (DRY CLEAN CITY)**

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: April 08, 2016

**NCR000167080 NCDSCA DC600092 (DRY CLEAN CITY)**

**County: MECKLENBURG Source Type: N Seq. Number: 2 Receive Date: 17-Mar-2016**

**Location** 1641 MATTHEWS TOWNSHIP PARKWAY  
**Address:** MATTHEWS, NC 281055927

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

**Contact Person** BILLY MEYER 1646 MAIL SERVICE CENTER  
**For Source** (919) 707-8366 RALEIGH, NC 276991646  
**Information** US

**Owner (current)** 513 KRISTEN CT.  
RAHIL KIM ENCINTAS, CA 920242700 **Type: P**

**From:** 03/17/2016 **To:** **Phone:**

**Operator (current)** 1646 MAIL SERVICE CENTER  
PETITIONER(S) FOR DSCA SITE ID DC600092 RALEIGH, NC 276991646 **Type: O**

**From:** 03/17/2016 **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**  
**Importer Activity:** No  
**Mixed Waste Generator:** No

**Used Oil Transport Activity**  
**Transporter:** No  
**Transfer Facility:** No

**Off-Specification Used Oil Burner:** No

**Used Oil Fuel Marketer Activity**  
**Marketer who direct shipment off-specification used oil to off-specification used oil burner:** No

**Transporter Activity:** No  
**TSD Activity:** No  
**Recycler Activity:** No

**Used Oil Processor and/or Re-refiner Activity**  
**Processor:** No  
**Refiner:** No

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

**Exempt Boiler and/or Industrial Furnace**  
**Small Quantity Onsite Burner Exemption:** No  
**Smelting, melting, Refining Furnace Exemption:** No

**Underground Injection Control:** No  
**Destination Facility for Universal Waste:** No

**Certification Information**

**First Name :** BILLY **Title** PROJ MGR  
**Last Name :** MEYER **Date Signed** 03/17/2016

**NAICS Codes**

812320

**Comments**

CREATED NEW 8700-12 DATED 3/17/2016 AS A SQG AS OF 3/17/2016 MD 4/8/2016



Waste Management  
ENVIRONMENTAL QUALITY

# 2015 INVOICE

ATTENTION: ACCOUNTS PAYABLE  
NCDSCA DC600092 (DRY CLEAN CITY)  
1646 MAIL SERVICE CENTER  
RALEIGH, NC 27699-1646

**FACILITY LOCATION ADDRESS:**

BILLY MEYER  
NCDSCA DC600092 (DRY CLEAN CITY)  
1641 MATTHEWS TOWNSHIP PARKWAY  
STE 100  
MATTHEWS, NC 281055927

FACILITY EPA ID #	INVOICE #	INVOICE DATE	AMOUNT DUE	DUE DATE	ENTER AMOUNT PAID
NCR000167080	HW71459	4/8/2016	175.00	05/08/2016	

- 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 registered status as of the invoice date and includes any past-due balances. A 10% late-payment penalty has been assessed for Fiscal Year 2014 if the annual fee was not paid by June 30, 2015.
- C. If Fiscal Year 2015 annual fees are not paid by June 30, 2016, the facility must pay a late-payment of 10% of the total amount due.
- D. 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
		<b>TOTAL AMOUNT DUE</b>	<b>\$175.00</b>

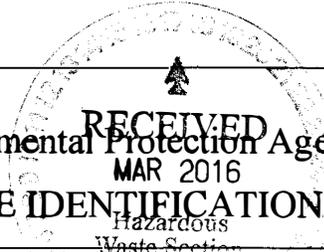
**E. Remit Payment:**

To pay via electronic bank transfer, go to <http://portal.ncdenr.org/web/wm/hw/epayment>. You will need your EPA facility 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 N.C. 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: PATRICIA DAVALOS  
NC HAZARDOUS WASTE SECTION  
1646 MAIL SERVICE CENTER  
RALEIGH, NC 27699-1646**



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



<p>1. Reason for Submittal</p> <p style="text-align: center;">MARK ALL BOX(ES) THAT APPLY</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) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <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 <u>in one or more months</u> of the report year (or State equivalent LQG regulations)	
2. Site EPA ID	<p style="font-size: 1.2em; font-family: cursive;">NCR 050/67080</p>	
3. Site Name	NCDCSA DC600092( Dry Clean City )	
4. Site Location Information	1641 Matthews Township Parkway , Suite 100 Matthews, North Carolina 28105-5927, Mecklenburg County	
5. Site Land 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	
6. NAICS Code(s)	812320	
7. Site Mailing Address	1646 Mail Service Center Raleigh, NC, USA 27699-1646	
8. Site Contact Person	Billy Meyer, Project Manager 1646 Mail Service Center Raleigh, North Carolina, USA 27699-1646 Billy.Meyer@ncdenr.gov (919)707-8366	
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner	Date Became Owner
	Rahil Kim	3/17/2016
	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	
	RAHIL KIM 513 KRISTEN CT. ENCINITAS CA 92024-2700	
	B. Name of Site's Operator	Date Became Operator
	Petitioner(s) for DSCA Site ID DC600092	03/17/2016
	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	

**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**

Initial Notification as SQG as of 3/17/2016

**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)
	Billy Meyer, on behalf of Petitioners for DSCA Site ID DC600092	3/17/2016

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**

- |   |   |
|---|---|
| <p>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>1. Generator of Hazardous Waste</b></p> <p><input type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs/mo) of non-acute hazardous waste.</p> <p><input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.</p> | <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>5. Transporter of Hazardous Waste</b></p> <p><input type="checkbox"/> a. Transporter<br/><input type="checkbox"/> b. Transfer Facility (at your site)</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>6. Treater, Storer, or Disposer of Hazardous Waste</b> Note: A hazardous waste Part B permit is required for these activities.</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>7. Recycler of Hazardous Waste</b></p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>8. Exempt Boiler and/or Industrial Furnace</b></p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption<br/><input type="checkbox"/> b. Smelting, Melting, and Refining Furnace Exemption</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>9. Underground Injection Control</b></p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>10. Receives Hazardous Waste from Off-site</b></p> |
|---|---|

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                    | <input type="checkbox"/> |
| b. Pesticides                   | <input type="checkbox"/> |
| c. Mercury containing equipment | <input type="checkbox"/> |
| d. Lamps                        | <input type="checkbox"/> |
| e. Other (specify) _____        | <input type="checkbox"/> |
| f. Other (specify) _____        | <input type="checkbox"/> |
| g. Other (specify) _____        | <input type="checkbox"/> |
- 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