



IHW 86082 CO

TCEQ Use Only

TCEQ Core Data Form

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided)			
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application)			
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input checked="" type="checkbox"/> Other	update information.	
2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.)			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Notification for Hazardous Waste Management		
3. Customer Reference Number (if issued)		4. Regulated Entity Reference Number (if issued)	
CN 602460057	Follow this link to search for CN or RN numbers in Central Registry**		RN 102918406

SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)		3/14/08	
6. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check only one of the following:			
<input type="checkbox"/> Owner	<input type="checkbox"/> Operator	<input checked="" type="checkbox"/> Owner & Operator	
<input type="checkbox"/> Occupational Licensee	<input type="checkbox"/> Responsible Party	<input type="checkbox"/> Voluntary Cleanup Applicant	<input type="checkbox"/> Other:
7. General Customer Information			
<input type="checkbox"/> New Customer	<input checked="" type="checkbox"/> Update to Customer Information	<input type="checkbox"/> Change in Regulated Entity Ownership	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State)	<input type="checkbox"/> No Change**		
**If "No Change" and Section I is complete, skip to Section III – Regulated Entity Information.			
8. Type of Customer:		<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Individual
<input type="checkbox"/> City Government	<input type="checkbox"/> County Government	<input type="checkbox"/> Federal Government	<input type="checkbox"/> Sole Proprietorship- D.B.A
<input type="checkbox"/> Other Government	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> State Government
9. Customer Legal Name (If an individual, print last name first: ex: Doe, John)		If new Customer, enter previous Customer below	
		End Date:	
10. Mailing Address:			
1223 WEST 11TH ST			
City	HOUSTON	State	TX
ZIP	77008	ZIP + 4	
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
13. Telephone Number		14. Extension or Code	
(713) 861-2001			
15. Fax Number (if applicable)			
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)	
721534442		32008096078	
18. DUNS Number (if applicable)		19. TX SOS Filing Number (if applicable)	
20. Number of Employees		21. Independently Owned and Operated?	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION III: Regulated Entity Information

22. General Regulated Entity Information (If "New Regulated Entity" is selected below this form should be accompanied by a permit application)	
<input type="checkbox"/> New Regulated Entity	<input type="checkbox"/> Update to Regulated Entity Name
<input type="checkbox"/> Update to Regulated Entity Information	<input type="checkbox"/> No Change** (See below)
**If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information.	
23. Regulated Entity Name (name of the site where the regulated action is taking place)	
MAR 17 2008	

Fin. 4-9-08

08-2801

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IHW-COF
3/18/08

24. Street Address of the Regulated Entity: (No P.O. Boxes)							
	City		State		ZIP		ZIP + 4
25. Mailing Address:							
	City		State		ZIP		ZIP + 4
26. E-Mail Address:							
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)				
() -			() -				
30. Primary SIC Code (4 digits)	31. Secondary SIC Code (4 digits)	32. Primary NAICS Code (5 or 6 digits)		33. Secondary NAICS Code (5 or 6 digits)			
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)							

Questions 34 – 37 address geographic location. Please refer to the instructions for applicability.

35. Description to Physical Location:					
36. Nearest City	County	State	Nearest ZIP Code		
37. Latitude (N) In Decimal:			38. Longitude (W) In Decimal:		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form or the updates may not be made. If your Program is not listed, check other and write it in. See the Core Data Form instructions for additional guidance.

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Industrial Hazardous Waste	<input type="checkbox"/> Municipal Solid Waste
<input type="checkbox"/> New Source Review – Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS	<input type="checkbox"/> Sludge
<input type="checkbox"/> Stormwater	<input type="checkbox"/> Title V – Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil	<input type="checkbox"/> Utilities
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

SECTION IV: Preparer Information

40. Name:		41. Title:	
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
() -		() -	

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 9 and/or as required for the updates to the ID numbers identified in field 39.

(See the Core Data Form instructions for more information on who should sign this form.)

Company:	WOO JUNG CORPORATION	Job Title:	president
Name(In Print):	WOO KYUNG LEE	Phone:	(913) 861-2001
Signature:	Woo Kyung Lee	Date:	3/14/08

TCEQ Use Only	
IHW _____	CO _____

Notification For Hazardous or Industrial Waste Management

Please print or type. Definitions and codes can be found in the Hazardous or Industrial Waste Form Instructions. Changes not related to Waste Streams or Waste Management Units must be accompanied by TCEQ Core Data Form (TCEQ 10400). You may copy this section as needed for each waste management unit at your site.

Part III. Waste Management Unit Notification			
Section A. Notification Type and Registration Numbers			
If this is an Initial Notification, leave registration numbers blank. If updating existing Notice of Registration, provide current registration numbers.			
1. Notification type (check one): <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Update			
2. Solid Waste Registration Number: <u>86082</u>		3. EPA Identification Number: _____	
4. Customer Reference Number: CN <u>602460057</u>		5. Regulated Entity Number: RN <u>102918406</u>	
6. Company Name: <u>Dry Clean Super Center</u>			
7. Site Name: <u>Woo Jung Corporation</u>			
Section B. Waste Management Unit Information			
1. Unit Sequence Number: <u>001</u>		2. Unit Type Code: <u>22</u> <small>(See Appendix F)</small>	
3. Capacity: _____			
4. Unit Description: <u>Storage containers per customer</u>			
5. Is this unit permitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		5a. IHW Permit No. _____	
		5b. UIC Permit No. _____	
6. Unit Registration Status (check one): <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Not Yet Built <input type="checkbox"/> Under Construction			
7. Unit Regulatory Status (check one):		<input type="checkbox"/> Non-hazardous Regulated <input type="checkbox"/> UIC Permitted <input type="checkbox"/> RCRA Permitted Unit <input checked="" type="checkbox"/> RCRA Permit Exempt - Accumulation Time <input type="checkbox"/> RCRA Permit Exempt - Totally Enclosed Treatment	
		<input type="checkbox"/> Permitted Non-hazardous Industrial Unit <input type="checkbox"/> UIC Registration <input type="checkbox"/> RCRA Permit Exempt <90 Day Storage <input type="checkbox"/> RCRA Permit Exempt - Recycling Unit per §335.24 <input type="checkbox"/> RCRA Permit Exempt - Wastewater Treatment Unit	
8. System Type Code (See Appendix D): <u>H 141</u> <u>Per customer</u> <u>H</u>			
9. Type of off-site waste managed in unit (check all that apply): <input type="checkbox"/> Does Not Apply <input type="checkbox"/> Hazardous <input type="checkbox"/> Industrial Class 1 <input type="checkbox"/> Industrial Class 2 <input type="checkbox"/> Industrial Class 3			
10. List the waste streams (Texas Waste Code) generated on-site and managed in this unit: <u>0506609H</u> <u>0906310H</u> _____ _____ _____			
Section C. Certification of Waste Management Unit Information			
I certify that the information submitted herein is complete and accurate to the best of my knowledge			
<u>Woo KYUNG LEE</u> Printed Preparer's Name		<u>713-861-2001</u> Telephone Number	
<u>Woo Kyung Lee</u> Preparer's Signature		<u>3-14-08</u> Date	

Texas Commission on Environmental Quality
Registration, Review and Reporting Division
Registration and Reporting Section, MC 129
P.O. Box. 13087
Austin, TX 78711-3087

Re: Request for changes to Notice of Registration (NOR) for:
Dry Clean Super Center, 1223 West 11th St.
Houston (Harris County), TX 77008

2008 FEB 19
TCEQ
OFFICE OF THE SECRETARY

Recently Elijah Gandee, a TCEQ Investigator, reviewed our company's NOR.
Below are the changes that we require in order to more accurately reflect our waste
generation and storage at the above mentioned facility:

The current owner is Woo Jung Corporation

Create a Container Storage Area, WMU 001

**Waste Stream 0906310H is managed "on" and "off". This Waste
Stream is also currently managed in waste management unit 001.**

Please call me if there are any problems or questions. My number is (713) 861-2001. My
email is [REDACTED].

Thank you

Tae Kim
Manager

Dry Clean Super Center
1223 W 11th St.
Houston, TX 77008

08-2266
IAW-6
JH-2-19-08

Sendback
Letter
Need Forms

2-25-08

RECEIVED

FEB 19 2008

REGISTRATION
& REPORTING



Industrial & Hazardous Waste Notification Information ---

Areas of Concern

Mr. Tae Kim
Dry Clean Super Center
1223 W. 11th St.
Houston, TX 77008

Solid Waste Registration Number: # 86082

Dear Mr. Kim;

Thank you for your efforts to notify us of your industrial and/or hazardous waste activity. Unfortunately, we must return the notification because it is incomplete. Please follow the instructions which have a mark by them. Once you have completed the notification, please return it to the address below.

If you have any questions, please contact us at (512) 2396413. Please note that our phones are answered by staff from 8:00 a.m. to 12:00 p.m. and 1:00 p.m. to 5:00 p.m. and by an automated answering system over the noon hour, after hours, weekends and holidays.

☒ **Please complete and submit the enclosed "Core Data Form"**

☒ **Please complete and submit the enclosed Hazardous or Industrial Waste Management Unit Section.**

Technician: Janet Shyllett Date: 2-25-08

Please return completed notification to:

**IHW Registration and Reporting Section/ MC129
Permitting & Remediation Support Division
Texas Commission on Environmental Quality
P.O. Box 13087
Austin, Texas 78711-3087**

A copy of your most current NOR (if you have one) can be obtained by calling our Records Services Office at (512) 239-2920. Ask for a copy of your NOR. (Be sure to have your 5digit registration number hand.

1HW/86082/100

CERTIFIED MAIL RECEIPT CARD ("Green Card")

Division/Region: R-12 Section: WasteRecord Series: 1HW

RECEIVED

Primary Identification Number (Acct/RN):

86082

DEC 03 2012

TCEQ
CENTRAL FILE ROOM

Secondary Identification Number (Permit):

Facility: Woo Jung CorpDate of Letter: 2-6-08Regarding: NO

Affix Acknowledgment Receipt ("Green Card") Here

U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)			
For delivery information visit our website at www.usps.com			
OFFICIAL USE			
Postage	\$ 1HW/86082/IN	Postmark Here	
Certified Fee	EG ande		
Return Receipt Fee (Endorsement Required)	2/6/08		
Restricted Delivery Fee (Endorsement Required)	NOV		
Total Price	Tae Kim, Store Manager		
Sent To	Woo Jung Corporation		
Street, Apt. or PO Box	1223 West 11 th Street		
City, State	Houston, Texas 77008		
PS Form 3800, June 2002		See Reverse for Instructions	

No Green Card Returned