

Hazardous Waste Section
File Room Document Transmittal Sheet

##

Your Name: MEL DEAVER
EPA ID: NCR000154229
Facility Name: CVS PHARMACY #3185
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 12/28/2015
Author of Doc: CHARLES SAVAGE

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Date Recieved by File Room:

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NCR000154229

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January 21, 2016

NICOLE WILKINSON
CVS PHARMACY #3185
ONE CVS DR
WOONSOCKET, RI 02895

RE: EPA ID # NCR000154229 - CVS PHARMACY #3185

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: January 21, 2016

NCR000154229 CVS PHARMACY #3185

County: MECKLENBURG Source Type: S Seq. Number: 14 Receive Date: 06-Jan-2016

| | |
|--|---|
| Location 1533 SOUTH BLVD Address: CHARLOTTE, NC 28203 | Mailing ONE CVS DR Address: WOONSOCKET, RI 02895 |
|--|---|

| | |
|--|---|
| Contact Person NICOLE WILKINSON For Source Information (401) 770-7132 | ONE CVS DR WOONSOCKET, RI 02895 US |
|--|---|

| | | |
|--|---|----------------|
| Owner (current) DOBSON, MATTHEW H & ANN BIRDWELL | 1221 MAIN ST, #1000 COLUMBIA, SC 29201 | Type: P |
|--|---|----------------|

From: 05/07/1995 **To:** **Phone:** (803) 779-4420

| | | |
|--|--|----------------|
| Operator (current) NORTH CAROLINA CVS PHARMACY LLC | ONE CVS DR WOONSOCKET, RI 02895 | Type: P |
|--|--|----------------|

From: 05/07/1995 **To:** **Phone:**

| | | | |
|-----------------------|-------------------------|---------------------------------|------------------|
| Land Type: P | Non Notifier : E | Commercial Availability: | Tsd Date: |
| Accessibility: | No. Employees : | State District: | |

Required Waste Activities

Hazardous Waste Generator Status - Federal: Large Quantity Generator; State: Large Quantity 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 | 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 | | | |

Certification Information

| | |
|-----------------------------|-------------------------------|
| First Name : CHARLES | Title REG COMPL SPEC |
| Last Name : SAVAGE | Date Signed 12/28/2015 |

NAICS Codes

446110

Comments

UPDATED 8700-12 DATED 12/28/2015 LEGAL OWNER/OPERATOR INFOR. UPGRADED FROM CESQG TO LQG. MD 1/19/2016



Waste Management
ENVIRONMENTAL QUALITY

2015 INVOICE

FACILITY LOCATION ADDRESS:

ATTENTION: ACCOUNTS PAYABLE
CVS PHARMACY #3185
ONE CVS DR
WOONSOCKET, RI 02895

NICOLE WILKINSON
CVS PHARMACY #3185
1533 SOUTH BLVD
CHARLOTTE NC 28203

| FACILITY EPA ID # | INVOICE # | INVOICE DATE | AMOUNT DUE | DUE DATE | ENTER AMOUNT PAID |
|-------------------|-----------|--------------|-------------|------------|-------------------|
| NCR000154229 | HW71425 | 1/21/2016 | \$ 1,400.00 | 02/20/2016 | |

- 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 penalty 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.

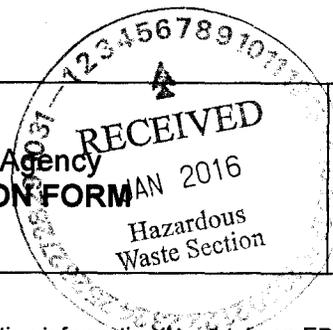
| FACILITY STATUS | FEE | TONNAGE | AMOUNT DUE |
|--------------------------|-----------|-------------------------|-------------------|
| LARGE QUANTITY GENERATOR | \$1400.00 | ----- | \$1,400.00 |
| | | PAST DUE | \$0.00 |
| | | CREDIT | \$0.00 |
| | | TOTAL AMOUNT DUE | \$1,400.00 |

E. Remit Payment :

To pay via electronic bank transfer (e-check), 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



| | | |
|---|--|--|
| <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> | |
| <p>1. Reason for Submittal</p> <p>MARK ALL BOX(ES) THAT APPLY</p> | <p>Reason for Submittal:</p> <p><input 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 checked="" 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 >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 <input type="text" value="N"/><input type="text" value="C"/><input type="text" value="R"/><input type="text" value="0"/><input type="text" value="0"/><input type="text" value="0"/><input type="text" value="1"/><input type="text" value="5"/><input type="text" value="4"/><input type="text" value="2"/><input type="text" value="2"/><input type="text" value="9"/></p> | |
| <p>3. Site Name</p> | <p>Name: CVS Pharmacy #3185</p> | |
| <p>4. Site Location Information</p> | <p>Street Address: 1533 South Boulevard</p> <p>City, Town, or Village: Charlotte</p> <p>State: NC</p> <p>Country: USA</p> <p>County: Mecklenburg</p> <p>Zip Code: 28203</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. <input type="text" value="4"/><input type="text" value="4"/><input type="text" value="6"/><input type="text" value="1"/><input type="text" value="1"/><input type="text" value="0"/></p> <p>B. <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p> <p>C. <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p> <p>D. <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p> | |
| <p>7. Site Mailing Address</p> | <p>Street or P.O. Box: One CVS Drive</p> <p>City, Town, or Village: Woonsocket</p> <p>State: RI</p> <p>Country: USA</p> <p>Zip Code: 02895</p> | |
| <p>8. Site Contact Person</p> | <p>First Name: Nicole</p> <p>MI: Last: Wilkinson</p> <p>Title: Senior Corporate Environmental Manager</p> <p>Street or P.O. Box: One CVS Drive Mail Code 2240</p> <p>City, Town or Village: Woonsocket</p> <p>State: RI</p> <p>Country: USA</p> <p>Zip Code: 02895</p> <p>Email: Nicole.Wilkinson@CVSHealth.com</p> <p>Phone: 401-770-7132</p> <p>Ext.: Fax:</p> | |
| <p>9. Legal Owner and Operator of the Site</p> | <p>A. Name of Site's Legal Owner: Dobson, Matthew H. & Ann Birdwell</p> <p>Date Became Owner: 5/7/1995</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: 1221 Main St, #1000</p> <p>City, Town, or Village: Columbia</p> <p>State: SC</p> <p>Country: USA</p> <p>Phone: 8037794420</p> <p>Zip Code: 29201</p> <p>B. Name of Site's Operator: NORTH CAROLINA CVS PHARMACY, L.L.C.</p> <p>Date Became Operator: 5/7/1995</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.

- Y N **1. Generator of Hazardous Waste**
 If "Yes," mark only one of the following - a, b, or c.
- 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.
- If "Yes" above, indicate other generator activities in 2-10.

- 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**

- Y N **5. Transporter of Hazardous Waste**
 If "Yes," mark all that apply.
- 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**
 If "Yes," mark all that apply.
- 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**

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

- Y N **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) _____
- 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**
 If "Yes," mark all that apply.
- a. Transporter
- b. Transfer Facility (at your site)
- Y N **2. Used Oil Processor and/or Re-refiner**
 If "Yes," mark all that apply.
- a. Processor
- b. Re-refiner
- Y N **3. Off-Specification Used Oil Burner**
- Y N **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 | D002 | D004 | D005 | D006 | D007 | D008 |
| D009 | D010 | D011 | D016 | D018 | D024 | D027 |
| D035 | D039 | P001 | P012 | P075 | P188 | U002 |
| U010 | U031 | U034 | U035 | U044 | U058 | U059 |
| U070 | U072 | U089 | U122 | U129 | U132 | U150 |
| U151 | U154 | U165 | U188 | U200 | U201 | U204 |
| U205 | U206 | U210 | U279 | U411 | | |
| | | | | | | |
| | | | | | | |

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.

| | | | | | | |
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12. Notification of Hazardous Secondary Material (HSM) Activity

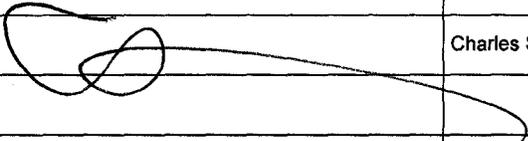
Y N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes," you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

This notification is updating the generator status & site contact information.

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) |
|---|--|--------------------------|
|  | Charles Savage, Regulatory Compliance Specialist | 12/28/2015 |
| | | |
| | | |