

Hazardous Waste Section  
File Room Document Transmittal Sheet

##

Your Name: MEL DEAVER  
EPA ID: NCR000166843  
Facility Name: WALMART SUPERCENTER #6879  
Document Group: General (G)  
Document Type: Notification 8700 (8700)  
Description:  
Date of Doc: 1/29/2016  
Author of Doc: REBECCA HAYNIE

**File Room Use Only**

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
3	17	16

NCR000166843

Scanner's Initials:

SH



Waste Management  
ENVIRONMENTAL QUALITY

PAT MCCRORY  
Governor

DONALD R. VAN DER VAART  
Secretary

LINDA CULPEPPER  
Director

February 23, 2016

REBECCA HAYNIE  
WALMART SUPERCENTER #6879  
PO BOX 8041  
BENTONVILLE AR 72712-8041

**RE: EPA ID # NCR000166843 - WALMART SUPERCENTER #6879**

Dear Facility Contact:

Thank you for notifying the North Carolina Hazardous Waste Section of your activities as a Conditionally Exempt 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: February 23, 2016

**NCR000166843 WALMART SUPERCENTER #6879**

County: CUMBERLAND Source: IBEAM Site Number: 2 RCRA Site ID: 10-150-0015

<b>Location</b> 2820 GILLESPIE ST <b>Address:</b> FAYETTEVILLE, NC 28306	<b>Mailing</b> PO BOX 8041 <b>Address:</b> BENTONVILLE, AR 727128041
---	---

<b>Contact Person</b> REBECCA HAYNIE <b>For Source Information</b> (479) 258-6810	<b>PO BOX 8041</b> <b>BENTONVILLE, AR 727128041</b> <b>US</b>
--	---

<b>Owner (current)</b> WAL-MART STORES EAST LP	<b>PO BOX 8041</b> <b>BENTONVILLE, NC 727128041</b>	<b>Type: P</b>
<b>From: 02/01/2016</b>	<b>To:</b>	<b>Phone: (479) 258-6810</b>

<b>Operator (current)</b> WAL-MART STORES EAST LP	<b>PO BOX 8041</b> <b>BENTONVILLE, NC 727128041</b>	<b>Type: P</b>
<b>From: 02/01/2016</b>	<b>To:</b>	<b>Phone: (479) 258-6810</b>

<b>Land Type: P</b>	<b>Non Notifier : E</b>	<b>Commercial Availability:</b>	<b>Tsd Date:</b>
<b>Accessibility:</b>	<b>No. Employees :</b>	<b>State District:</b>	

## Summary

Hazardous Waste Generator Status - Federal: Conditionally Exempt SQG; State: Conditionally Exempt SQG

Transfer Facility:	Used Oil Activities		
<b>Other Hazardous Waste Generator Activities</b>	<b>Used Oil Transport Activity</b>	<b>Off-Specification Used Oil Burner:</b>	<b>No</b>
Importer Activity: No	Transporter: No	<b>Used Oil Fuel Marketer Activity</b>	
Mixed Waste Generator: No	Transfer Facility: U	Marketer who direct shipment off-specification used oil to off-specification used oil burner:	No
Transporter Activity: No	<b>Used Oil Processor and/or Re-refiner Activity</b>	Marketer who first claims the used oil meets the specifications:	No
TSD Activity: No	Processor: No		
Recycler Activity: No	Refiner: No		
<b>Exempt Boiler and/or Industrial Furnace</b>	<b>Underground Injection Control:</b>	<b>Destination Facility for Universal Waste:</b>	<b>No</b>
Small Quantity Onsite Burner Exemption: No			
Smelting, melting, Refining Furnace Exemption: No			

## Generator Information

<b>First Name :</b> REBECCA	<b>Title</b> SR MGR
<b>Last Name :</b> HAYNIE	<b>Date Signed</b> 01/29/2016

## APN/ZIP

452910

## Comments

CREATED NEW 8700-12 DATED 1/29/2016 AS A CESQG. MD 2/22/2016

<p><b>SEND COMPLETED FORM TO:</b> The Appropriate State or Regional Office.</p>	<p>United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b></p>		
<p><b>1. Reason for Submittal</b></p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p><b>Reason for Submittal:</b></p> <p><input checked="" 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 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 &gt;1,000 kg of hazardous waste, &gt;1 kg of acute hazardous waste, or &gt;100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)</p>		
<p><b>2. Site EPA ID Number</b></p>	<p>EPA ID Number <b>NCR000166843</b></p>		
<p><b>3. Site Name</b></p>	<p>Name: WALMART SUPERCENTER #6879</p>		
<p><b>4. Site Location Information</b></p>	<p>Street Address: 2820 GILLESPIE STREET</p>		<p>County: CUMBERLAND</p>
<p>City, Town, or Village: FAYETTEVILLE</p>		<p>State: NC</p>	
<p>Country: USA</p>		<p>Zip Code: 28306</p>	
<p><b>5. Site Land Type</b></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><b>6. NAICS Code(s) for the Site (at least 5-digit codes)</b></p>	<p>A. <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="2"/> <input type="text" value="9"/> <input type="text" value="1"/> <input type="text" value="0"/></p>		<p>C. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>B. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>		<p>D. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
<p><b>7. Site Mailing Address</b></p>	<p>Street or P.O. Box: P.O. BOX 8041</p>		<p>City, Town, or Village: BENTONVILLE</p>
<p>State: AR</p>		<p>Country: USA</p>	
<p>Zip Code: 72712-8041</p>			
<p><b>8. Site Contact Person</b></p>	<p>First Name: REBECCA</p>		<p>MI: Last: HAYNIE</p>
<p>Title: SENIOR MANAGER</p>			
<p>Street or P.O. Box: P.O. BOX 8041</p>			
<p>City, Town or Village: BENTONVILLE</p>		<p>State: AR</p>	
<p>Country: USA</p>		<p>Zip Code: 72712-8041</p>	
<p>Email: rebecca.haynie@walmart.com</p>			
<p>Phone: 479-258-6810</p>		<p>Ext.: Fax: 479-204-9675</p>	
<p><b>9. Legal Owner and Operator of the Site</b></p>	<p>A. Name of Site's Legal Owner: WAL-MART STORES EAST, LP</p>		<p>Date Became Owner: 02/01/2016</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: P.O. BOX 8041</p>			
<p>City, Town, or Village: BENTONVILLE</p>		<p>Phone: 479-258-6810</p>	
<p>State: AR</p>		<p>Country: USA</p>	
<p>Zip Code: 72712-8041</p>			
<p>B. Name of Site's Operator: WAL-MART STORES EAST, LP</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	D003	D004	D005	D006	D007
D008	D009	D010	D011	D016	D018	D022
D024	D026	D027	D035	D039	D043	P001
P075	U002	U034	U035	U058	U072	U122
U129	U132	U134	U150	U154	U159	U165
U188	U200	U205	U210	U249	U279	U409

**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.

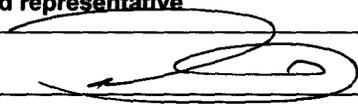

12. Notification of Hazardous Secondary Material (HSM) Activity

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

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)
 p.p.	REBECCA HAYNIE, SENIOR MANAGER	01/29/2016