

Hazardous Waste Section
File Room Document Transmittal Sheet

##

Your Name: MEL DEAVER
EPA ID: N C 0 9 1 1 3 0 2 9 0 8
Facility Name: TARGET STORE #2090
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 9/27/2011
Author of Doc: RAY STRAWBRIDGE

File Room Use Only

Date Recieved by File Room:

Month	Day	Year
10	26	2011
10	26	2011

Date Scanned:

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North Carolina Department of Environment and Natural Resources
Division of Waste Management

Beverly Eaves Perdue
Governor

Dexter R. Matthews
Director

Dee Freeman
Secretary

September 27, 2011

STEVEN MUSSER
TARGET STORE #2090
PO BOX 111
MINNEAPOLIS, MN 55440-0111

RE: EPA ID # NC0991302908
TARGET STORE #2090

Dear Facility Contact:

The North Carolina Hazardous Waste Section has received a 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 additional assistance, please feel free to contact Ray Strawbridge at 919-508-8569.

Sincerely,

Elizabeth W. Cannon, Chief
Hazardous Waste Section

cc: Central Files(General)

IBEAM - RCRA Site Detail

Report run on: September 27, 2011

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NC0991302908 TARGET STORE #2090

County: MECKLENBURG	Source Type: S	Seq. Number: 2	Receive Date: 13-Sep-2011
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Location 9870 REA RD Address: CHARLOTTE, NC 28277	Mailing PO BOX 111 Address: MINNEAPOLIS, MN 554400111
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Contact Person STEVEN MUSSER For Source Information	(800) 587-2228	PO BOX 111 MINNEAPOLIS, MN 554400111 US
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Owner (current) TARGET CORP	PO BOX 111 MINNEAPOLIS, MN 55440	Type: P
From: 03/01/2006	To:	Phone:

Operator (current) TARGET CORP		Type: P
From: 03/01/2006	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: 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		
Exempt Boiler and/or Industrial Furnace		Destination Facility for Universal Waste:	No
Small Quantity Onsite Burner Exemption: No	Underground Injection Control:		No
Smelting, melting, Refining Furnace Exemption: No			

Comments

UPDATED PER 8700-12 DATED 8/26/2011. UPGRADED FROM CESQG TO LQG, NEW SITE CONTACT, AND REVISED WASTES CODES. KKY 9/26/2011



2011 INVOICE

FACILITY LOCATION ADDRESS:

ATTENTION: ACCOUNTS PAYABLE
 TARGET STORE #2090
 PO BOX 111
 MINNEAPOLIS, MN 55440-0111

STEVEN MUSSER
 TARGET STORE #2090
 9870 REA RD
 CHARLOTTE NC 28277

FACILITY EPA ID #	INVOICE #	INVOICE DATE	AMOUNT DUE	DUE DATE	ENTER AMOUNT PAID
NC0991302908	HW54910	9/27/2011	\$ 1,400.00	10/27/2011	

A. Fee Requirements: Pursuant to North Carolina General Statute 130A-294.1 you are required to pay fee(s) based on your hazardous waste management activities. The fee(s) are used to support government programs that ensure the safe management of hazardous waste. Failure to pay the required hazardous waste fee could result in an enforcement action with a penalty.

B. Explanation of Invoice Amount is Based on Facility's Current Status as of July 1,2011 :

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

C. Remit Payment (including copy of this invoice):

Make checks payable to **N.C. Hazardous Waste Section**, include **EPA ID#** and **Invoice #** on check. If you are paying by electronic transfer, include the invoice number with your electronic transfer. 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

D. Hazardous Waste Contacts:

1. BILLING:

William Brauner	(919) 508-8547
Ray Strawbridge	(919) 508-8569
Patricia Davalos, Supervisor	(919) 508-8541

2. TECHNICAL ASSISTANCE:

Doug Roberts	(919) 508-8563
Ann Preston	(919) 508-8559
Lebeed Kady	(919) 508-8546

E. Update Your Information:

If your generator status or the facility contact person has changed, you must notify the North Carolina Hazardous Waste Section of these changes by submitting an EPA Form 8700-12 (RCRA Subtitle C Site Identification Form). EPA Identification Numbers are site specific, if your facility's physical location changes, you must inactivate the old and apply for a new number. Form 8700-12 can be obtained by contacting Ray Strawbridge at 919-508-8569 or you can download this form by using the web page address: <http://epa.gov/epawaste/inforesources/data/form8700/forms.htm>

F. Who is Required to Pay?

BY **LAW** you are required to pay the fee(s) when your company has notified that it is a generator, transporter, treater, storer or disposer of hazardous waste as defined below.

Large Quantity Generator (\$1,400.00): A facility who generates one kilogram or more of acute hazardous waste or 1,000 kilograms or more of hazardous waste in any calendar month during the year beginning July 1 and ending June 30. Large Quantity Generators are also required to pay an additional fee of \$0.70 per ton, or any part thereof, for hazardous waste generated during the calendar year up to a maximum of 25,000 tons. **Note:** *Large Quantity Generators* must determine how much waste was generated in the 2010 calendar year. The calculated tonnage is entered in the table located on the front of this invoice. To calculate the amount due, multiply the amount generated by \$0.70.

Small Quantity Generator (\$175.00): A facility who generates 100 kilograms or more of hazardous waste but less than 1,000 kilograms in any calendar month during the year beginning July 1 and ending June 30.

Transporter (\$840.00): A facility that transports hazardous waste.

Treater, Storer or Disposer (\$1,680.00 each): A treatment, storage, or disposal facility shall pay an annual activity fee for each activity. **Note:** A commercial hazardous waste storage, treatment, or disposal facility is also required to pay an additional fee of \$2.45 per ton, or any part thereof of hazardous waste stored, treated, or disposed of at the facility during the 2010 calendar year.

G. Where Can I Obtain Information?

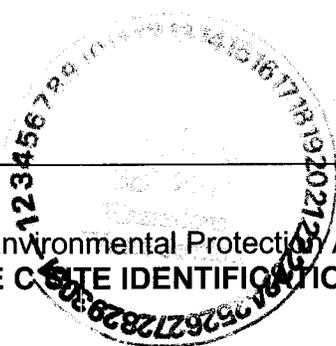
1. The Division of Waste Management's Web Page: <http://portal.ncdenr.org/web/wm/hw>
2. Rules, Regulations and the General Statutes: <http://portal.ncdenr.org/web/wm/hw/rules/statelaws>
3. Notification of Regulated Waste Activity (EPA Form 8700-12): <http://epa.gov/epawaste/inforesources/data/form8700/forms.htm>

H. Useful Publications on the Internet:

1. Hazardous Waste Requirements for Large Quantity Generators (EPA: 530-F-96-032): <http://epa.gov/osw/hazard/downloads/lqgpdf.pdf>
2. Compliance Manual for Generators of Hazardous Waste (Compliance Branch, Hazardous Waste Section): <http://www.wastenotnc.org/hwhome/LQGCOMPLIANCEMANUAL.pdf>
3. Managing Your Hazardous Waste: A Guide for Small Businesses (EPA: 530-K-01-005): <http://www.epa.gov/epawaste/hazard/generation/sqg/handbook/k01005.pdf>

I. Where Can I Take my Waste?

Various Lists of Hazardous Waste Services: <http://portal.ncdenr.org/web/wm/hw/technical>



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

<p>SEND COMPLETED FORM TO: The Appropriate State or Regional Office.</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 $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in <u>one or more months</u> 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="0"/><input type="text" value="9"/><input type="text" value="9"/><input type="text" value="1"/><input type="text" value="3"/><input type="text" value="0"/><input type="text" value="2"/><input type="text" value="9"/><input type="text" value="0"/><input type="text" value="8"/></p>		
<p>3. Site Name</p>	<p>Name: Target Store #2090</p>		
<p>4. Site Location Information</p>	<p>Street Address: 9870 Rea Rd</p> <p>City, Town, or Village: Charlotte County: Mecklenburg</p> <p>State: NC Country: US Zip Code: 28277</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="5"/><input type="text" value="2"/><input type="text" value="1"/><input type="text" value="1"/><input type="text" value="2"/></p> <p>B. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>C. <input type="text"/><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"/><input type="text"/></p>		
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: PO Box 111</p> <p>City, Town, or Village: Minneapolis</p> <p>State: MN Country: US Zip Code: 55440-0111</p>		
<p>8. Site Contact Person</p>	<p>First Name: Steven MI: D Last: Musser</p> <p>Title: Manager</p> <p>Street or P.O. Box: PO Box 111</p> <p>City, Town or Village: Minneapolis</p> <p>State: MN Country: US Zip Code: 55440-0111</p> <p>Email: corporate.compliance@target.com</p> <p>Phone: 800-587-2228 Ext.: Fax: 612-486-9265</p>		
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: Target Corporation Date Became Owner: 3/1/2006</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: PO Box 111</p> <p>City, Town, or Village: Minneapolis Phone: 800-587-2228</p> <p>State: MN Country: US Zip Code: 55440-0111</p> <p>B. Name of Site's Operator: Target Corporation Date Became Operator: 3/1/2006</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 1-7.

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 1. Generator of Hazardous Waste
If "Yes", mark only one of the following – a, b, or c.</p> <p><input checked="" 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 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>If "Yes" above, indicate other generator activities.</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> d. 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.</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> e. United States Importer of Hazardous Waste</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> f. Mixed Waste (hazardous and radioactive) Generator</p> | <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 2. Transporter of Hazardous Waste
If "Yes", mark all that apply.</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility (at your site)</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 3. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste permit is required for these activities.</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 4. Recycler of Hazardous Waste</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 5. Exempt Boiler and/or Industrial Furnace
If "Yes", mark all that apply.</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting, and Refining Furnace Exemption</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 6. Underground Injection Control</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 7. Receives Hazardous Waste from Off-site</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 | <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**
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 must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

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

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	D005	D008	D009	D011	D016
D018	D035	P001	P046	P075	U002	U154

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

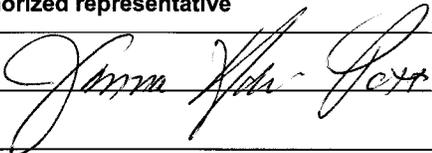
Y N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

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

13. Comments

~~This facility is an episodic generator of acute toxic (P-listed) hazardous waste.~~

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)
	Janna Adair-Potts Sr VP Stores Operations	8/20/11