Hazardous Waste Section

File Room Document Transmittal Sheet

Your Name:	MEL DEAVER
EPA ID:	N C R 0 0 0 1 5 7 2 2 2
Facility Name:	RITE AID# 11561
Document Group:	General (G)
Document Type:	Notification 8700 (8700)
Description:	
Date of Doc:	10/12/2012
Author of Doc:	STEPHANIE CAIATI

File Room Use Only

NCR000157222

	Month	Day	Year
Date Recieved by File Room:	01	23	13
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NCDENR
North Carolina Department of Environment and Natural Resources
Division of Waste Management

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Director

Dee Freeman
Secretary

November 14, 2012

STEPHANIE CAIATI
RITE AID #11561
30 HUNTER LN
ATTN: EH&S
CAMP HILL PA 17011

RE: EPA ID # NCR000157222
RITE AID #11561

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 Ray Strawbridge at 919-707-8231.

Sincerely,

Elizabeth W. Cannon

Elizabeth W. Cannon, Chief
Hazardous Waste Section

cc: Central Files(General)

IBEAM - RCRA Site Detail

Report run on: November 14, 2012

NCR000157222 RITE AID #11561

County: HAYWOOD **Source Type:** N **Seq. Number:** 2 **Receive Date:** 18-Oct-2012

Location Address: 590 RUSS AVE, WAYNESVILLE, NC 28786

Mailing Address: 30 HUNTER LN, CAMP HILL, PA 17011

Contact Person For Source Information: STEPHANIE CAIATI, (717) 730-8225, 30 HUNTER LN, ATTN: EH&S, CAMP HILL, PA 17011

Owner (current)
ECKERD CORPORATION
30 HUNTER LN, CAMP HILL, PA 17011
Type: P
From: 10/30/2007 To: Phone: (717) 761-2633

Operator (current)
RITE AID CORPORATION
30 HUNTER LN, CAMP HILL, PA 17011
Type: P
From: 10/30/2007 To: Phone: (717) 761-2633

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

Regulated Waste Activities

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

Transfer Facility:

Other Hazardous Waste Generator Activities

Importer Activity:	No
Mixed Waste Generator:	No
Transporter Activity:	No
TSD Activity:	No
Recycler Activity:	No

Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption:	No
Smelting, melting, Refining Furnace Exemption:	No

Used Oil Activities

Used Oil Transport Activity

Transporter:	No
Transfer Facility:	No

Used Oil Processor and/or Re-refiner Activity

Processor:	No
Refiner	No

Underground Injection Control:	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
Marketer who first claims the used oil meets the specifications:	No
Destination Facility for Universal Waste:	No

Certification Information

First Name : STEPHANIE
Last Name : CAIATI
Title DIRECTOR EH&S
Date Signed 10/12/2012

NAICS Codes

44611

Comments

INITIAL NOTIFICATION PER 8700-12 DATED 10/12/2012. JWM 11/14/2012

OMB# 2050-0024; Expires 12/31/2014

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency **RCRA SUBTITLE C SITE IDENTIFICATION FORM**	

1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	**Reason for Submittal:** ☒ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) ☐ To provide a Subsequent Notification (to update site identification information for this location) ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #_____) ☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below) ☐ 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)
2. Site EPA ID Number	**EPA ID Number** NCR000157222
3. Site Name	**Name:** RITE AID # 11561
4. Site Location Information	**Street Address:** 590 RUSS AVENUE **City, Town, or Village:** WAYNESVILLE — **County:** HAYWOOD **State:** NC — **Country:** USA — **Zip Code:** 28786
5. Site Land Type	☑ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other
6. NAICS Code(s) for the Site (at least 5-digit codes)	**A.** 44611 0 — **C.** **B.** — **D.**
7. Site Mailing Address	**Street or P.O. Box:** 30 HUNTER LANE, ATTN: EH&S **City, Town, or Village:** CAMP HILL **State:** PA — **Country:** USA — **Zip Code:** 17011
8. Site Contact Person	**First Name:** STEPHANIE — **MI:** A — **Last:** CAIATI **Title:** DIRECTOR, EH&S **Street or P.O. Box:** 30 HUNTER LANE, ATTN: EH&S **City, Town or Village:** CAMP HILL **State:** PA — **Country:** USA — **Zip Code:** 17011 **Email:** sscaiati@riteaid.com **Phone:** 717-730-8225 — **Ext.:** — **Fax:** 717-972-3989
9. Legal Owner and Operator of the Site	**A. Name of Site's Legal Owner:** ECKERD CORPORATION — **Date Became Owner:** 10/30/2007 **Owner Type:** ☑ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other **Street or P.O. Box:** 30 HUNTER LANE **City, Town, or Village:** CAMP HILL — **Phone:** 717-761-2633 **State:** PA — **Country:** USA — **Zip Code:** 17011 **B. Name of Site's Operator:** RITE AID CORPORATION — **Date Became Operator:** 10/30/2007 **Operator Type:** ☑ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

EPA ID Number WKR000157222 OMB#: 2050-0024; Expires 12/31/2014

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 2-4.

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	D007	D010	D009	D024	P001
P075						

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.

EPA ID Number MCR000015722 OMB#: 2050-0024; Expires 12/31/2014

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)
SCaiati	STEPHANIE A CAIATI	10/12/2012
	DIRECTOR, EH&S	