

Hazardous Waste Section  
File Room Document Transmittal Sheet

17

Your Name: MEL DEAVER  
EPA ID: N C R 0 0 0 1 5 7 0 1 6  
Facility Name: RITE AID# 11525  
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**

NCR000157016

Date Recieved by File Room:

Month	Day	Year
01	23	13
01	24	13

Date Scanned:

Scanner's Initials: 



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

Beverly Eaves Perdue  
Governor

Dexter R. Matthews  
Director

Dee Freeman  
Secretary

November 09, 2012

STEPHANIE CAIATI  
RITE AID CORPORATION #11525  
30 HUNTER LN  
ATTN: EH&S  
CAMP HILL PA 17011

**RE: EPA ID # NCR000157016  
RITE AID CORPORATION #11525**

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, Chief  
Hazardous Waste Section

cc: Central Files(General)



<p><b>SEND COMPLETED FORM TO:</b> The Appropriate State or Regional Office.</p>	<p><b>United States Environmental Protection Agency</b> <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 <math>\geq 1,000</math> kg of hazardous waste, <math>&gt;1</math> kg of acute hazardous waste, or <math>&gt;100</math> 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><b>2. Site EPA ID Number</b></p>	<p>EPA ID Number <u>NCR 000 157 016</u></p>		
<p><b>3. Site Name</b></p>	<p>Name: RITE AID # 11525</p>		
<p><b>4. Site Location Information</b></p>	<p>Street Address: 6930 MARKET STREET</p> <p>City, Town, or Village: WILMINGTON County: NEW HANOVER</p> <p>State: NC Country: USA Zip Code: 28411</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. <u>4 4 6 1 1 0</u> C. _____</p> <p>B. _____ D. _____</p>		
<p><b>7. Site Mailing Address</b></p>	<p>Street or P.O. Box: 30 HUNTER LANE, ATTN: EH&amp;S</p> <p>City, Town, or Village: CAMP HILL</p> <p>State: PA Country: USA Zip Code: 17011</p>		
<p><b>8. Site Contact Person</b></p>	<p>First Name: STEPHANIE MI: A Last: CAIATI</p> <p>Title: DIRECTOR, EH&amp;S</p> <p>Street or P.O. Box: 30 HUNTER LANE, ATTN: EH&amp;S</p> <p>City, Town or Village: CAMP HILL</p> <p>State: PA Country: USA Zip Code: 17011</p> <p>Email: sscaiati@riteaid.com</p> <p>Phone: 717-730-8225 Ext.: Fax: 717-972-3989</p>		
<p><b>9. Legal Owner and Operator of the Site</b></p>	<p>A. Name of Site's Legal Owner: <u>ECKERD CORPORATION</u> Date Became Owner: <u>2/8/2008</u></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: 30 HUNTER LANE</p> <p>City, Town, or Village: CAMP HILL Phone: 717-761-2633</p> <p>State: PA Country: USA Zip Code: 17011</p> <p>B. Name of Site's Operator: RITE AID CORPORATION Date Became Operator: <u>2/8/2008</u></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>		

**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.


