

Hazardous Waste Section
File Room Document Transmittal Sheet

17

Your Name: MEL DEAVER
EPA ID: N C R 0 0 0 1 5 7 6 4 4
Facility Name: RITE AID #11382
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

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
01	22	13
01	24	13

NCR000157644

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 16, 2012

STEPHANIE CAIATI
RITE AID #11382
30 HUNTER LN
ATTN: EH&S
CAMP HILL PA 17011

**RE: EPA ID # NCR000157644
RITE AID #11382**

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)

IBEAM - RCRA Site Detail

Report run on: November 16, 2012

NCR000157644 **RITE AID #11382**

County: PERSON	Source Type: N	Seq. Number: 1	Receive Date: 18-Oct-2012
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Location 304 NORTH MADISON BLVD
Address: ROXBORO, NC 27573

Mailing 30 HUNTER LN
Address: CAMP HILL, PA 17011

Contact Person For Source Information	STEPHANIE CALATI (717) 730-8225	30 HUNTER LN ATTN: EH&S CAMP HILL, PA 17011	
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Owner (current) ECKERD CORPORATION	30 HUNTER LN CAMP HILL, PA 17011		Type: P
From: 09/12/2007	To:	Phone: (717) 761-2633	

Operator (current) RITE AID CORPORATION	304 NORTH MADISON BLVD ROXBORO, NC 27573		Type: P
From: 09/12/2007	To:	Phone: (717) 730-8225	

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		Off-Specification Used Oil Burner:	No
Transporter:	No	Used Oil Fuel Marketer Activity	
Transfer Facility:	No	Marketer who direct shipment off-specification used oil to off-specification used oil burner:	No
Used Oil Processor and/or Re-refiner Activity		Marketer who first claims the used oil meets the specifications:	No
Processor:	No		
Refiner	No		
Underground Injection Control:	No	Destination Facility for Universal Waste:	No

Certification Information

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

NAICS Codes

44611

Comments

PER 8700-12 DATED 10/12/2012, INITIAL NOTIFICATION FOR RITE AID, SET UP AS CESQG, AND ADDED WASTE CODES SLT 11/16/2012

<p>SEND COMPLETED FORM TO: The Appropriate State or Regional Office.</p>	<p>United States Environmental Protection Agency RCRA SUBTITLE G-SITE IDENTIFICATION FORM 2012</p> <p style="font-size: 2em; opacity: 0.5;">ENTERED NOV 13 2012 SLT</p>		
<p>1. Reason for Submittal</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</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 $\geq 1,000$ 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 <u>WCR01001157644</u></p>		
<p>3. Site Name</p>	<p>Name: RITE AID # 11382</p>		
<p>4. Site Location Information</p>	<p>Street Address: 304 NORTH MADISON BLVD</p> <p>City, Town, or Village: ROXBORO County: PERSON</p> <p>State: NC Country: USA Zip Code: 27573</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. <u>4 4 6 1 1 0</u> C. _____</p> <p>B. _____ D. _____</p>		
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: 30 HUNTER LANE, ATTN: EH&S</p> <p>City, Town, or Village: CAMP HILL</p> <p>State: PA Country: USA Zip Code: 17011</p>		
<p>8. Site Contact Person</p>	<p>First Name: STEPHANIE MI: A Last: CAIATI</p> <p>Title: DIRECTOR, EH&S</p> <p>Street or P.O. Box: 30 HUNTER LANE, ATTN: EH&S</p> <p>City, Town or Village: CAMP HILL</p> <p>State: PA Country: USA Zip Code: 17011</p> <p>Email: sscalati@riteaid.com</p> <p>Phone: 717-730-8225 Ext.: _____ Fax: 717-972-3989</p>		
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: <u>ECKERD CORPORATION</u> Date Became Owner: <u>9/12/2007</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>9/12/2007</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.

12. Notification of Hazardous Secondary Material (HSM) Activity

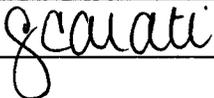
Y N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

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

13. Comments

SET UP AS CESQG, ADDED WASTE CODES

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