

Hazardous Waste Section
File Room Document Transmittal Sheet

Your Name: MEL DEAVER
EPA ID: NCR000152964
Facility Name: CVS PHARMACY #6401
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 10/8/2014
Author of Doc: CHARLES SAVAGE

File Room Use Only

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
MAR	19	2015
MAR	23	2015

NCR000152964

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North Carolina Department of Environment and Natural Resources

Pat McCrory
Governor

John E. Skvarla, III
Secretary

December 12, 2014

WENDY BRANT
CVS PHARMACY #6401
ONE CVS DR
WOONSOCKET, RI 02895

RE: EPA ID # NCR000152694 - CVS PHARMACY #6401

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 Melodi Deaver at (919)-707-8204.

Sincerely,

Patricia Davalos
Business Officer/Supervisor,
HW Financial and Information Management Unit

cc: Central Files (General)

IBEAM - RCRA Site Detail

Report run on: December 12, 2014

NCR000152694 **CVS PHARMACY #6401**

County: BURKE **Source Type:** S **Seq. Number:** 9 **Receive Date:** 16-Oct-2014

Location 200 N GREEN ST
Address: MORGANTON, NC 28655

Mailing ONE CVS DR
Address: WOONSOCKET, RI 02895

Contact Person WENDY BRANT ONE CVS DR
For Source (401) 765-1500 WOONSOCKET, RI 02895
Information US

Owner (current) 103 N STERLING ST, 2ND FL Type: P
COLONIAL MORGANTON LLC MORGANTON, NC 28655
From: 10/29/2001 To: Phone: (828) 433-9125

Operator (current) ONE CVS DR Type: P
NORTH CAROLINA CVS PHARMACY LLC WOONSOCKET, RI 02895
From: 01/13/2002 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

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

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

Exempt Boiler and/or Industrial Furnace

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

Underground No Destination Facility for
Injection Control: Universal Waste: No

Certification Information

First Name : CHARLES
Last Name : SAVAGE

Title AGENT
Date Signed 10/08/2014

NAICS Codes

446110

Comments

UPDATED 8700-12 DATED 10/8/2014 UPGRADING FROM CESQG TO LQG. MD 12/8/2014

Waste Codes

<u>Code D</u>	<u>Code F</u>	<u>Code K</u>	<u>Code P</u>	<u>Code R</u>	<u>Code U</u>	<u>Code X</u>
D001	----	----	P001	----	U002	----
D002			P012		U010	
D004			P075		U031	
D005			P188		U034	
D006					U044	
D007					U058	
D008					U059	
D009					U070	
D010					U072	
D011					U089	
D016					U122	
D018					U129	
D024					U132	
D027					U150	
D035					U151	
D039					U154	
					U165	
					U188	
					U200	
					U201	
					U204	
					U205	
					U206	
					U210	
					U279	
					U411	

Ent 12/8/14

<p>SEND COMPLETED FORM TO: The Appropriate State or Regional Office.</p>	<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</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 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 N C R 0 0 0 1 5 2 6 9 4 </p>		
<p>3. Site Name</p>	<p>Name: CVS Pharmacy #6401</p>		
<p>4. Site Location Information</p>	<p>Street Address: 200 North Green Street</p> <p>City, Town, or Village: Morganton</p> <p>County: Burke</p> <p>State: NC</p> <p>Country: USA</p> <p>Zip Code: 28655</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. 4 4 6 1 1 0</p> <p>B. </p> <p>C. </p> <p>D. </p>		
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: One CVS Drive</p> <p>City, Town, or Village: Woonsocket</p> <p>State: RI</p> <p>Country: USA</p> <p>Zip Code: 02895</p>		
<p>8. Site Contact Person</p>	<p>First Name: Wendy</p> <p>MI: L</p> <p>Last: Brant</p> <p>Title: CVS Corporate Environmental Manager</p> <p>Street or P.O. Box: One CVS Drive</p> <p>City, Town or Village: Woonsocket</p> <p>State: RI</p> <p>Country: USA</p> <p>Zip Code: 02895</p> <p>Email: Wendy.Brant@CVSCaremark.com</p> <p>Phone: 401-765-1500</p> <p>Ext.:</p> <p>Fax: 401-216-0138</p>		
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: Colonial Morganton, LLC</p> <p>Date Became Owner: 10/29/2001</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: 103 N Sterling St, 2nd Fl</p> <p>City, Town, or Village: Morganton</p> <p>Phone: 8284339125</p> <p>State: NC</p> <p>Country: USA</p> <p>Zip Code: 28655</p> <p>B. Name of Site's Operator: NORTH CAROLINA CVS PHARMACY, L.L.C.</p> <p>Date Became Operator: 1/13/2002</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 2-4.

- 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	D004	D005	D006	D007	D008
D009	D010	D011	D016	D018	D024	D027
D035	D035	D039	P001	P012	DP075	P188
U002	U010	U031	U034	U035	U044	U058
U059	U070	U072	U089	U122	U129	U132
U150	U151	U154	U165	U188	U200	U201
U204	U205	U206	U210	U279	U411	

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)?

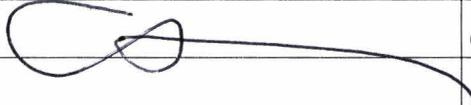
If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

The list of waste codes reported is comprehensive and representative of wastes that may be generated at any time from a 200k+ product inventory. Not all wastes identified will necessarily be generated at each location but the registration is intended to cover the potential generation of those wastes.

This location is currently an LQG.

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)
	Charles Savage CVS Pharmacy, LLC. Agent	10/8/2014