

Hazardous Waste Section
File Room Document Transmittal Sheet

17

Your Name: MEL DEAVER
EPA ID: N C R 0 0 0 1 5 3 7 7 5
Facility Name: CVS PHARMACY #7339
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 5/20/2013
Author of Doc: CHARLES SALVAGE

File Room Use Only

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
6	24	2013
6	28	2013

NCR000153775

Scanner's Initials:





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

Pat McCrory
Governor

Dexter R. Matthews
Director

John E. Skvarla, III
Secretary

June 03, 2013

WENDY BRANT
CVS PHARMACY #7339
1 CVS
WOONSOCKET, RI 02895

RE: EPA ID # NCR000153775 - CVS PHARMACY #7339

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 919-707-8231.

Sincerely,

Elizabeth W. Cannon, Chief
Hazardous Waste Section

cc: Central Files(General)

IBEAM - RCRA Site Detail

Report run on: June 06, 2013

NCR000153775 **CVS PHARMACY #7339**

County: STOKES **Source Type:** S **Seq. Number:** 8 **Receive Date:** 24-May-2013

Location 610 N MAIN ST Address: WALNUT COVE, NC 27052	Mailing 1 CVS Address: WOONSOCKET, RI 02895
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Contact Person WENDY BRANT For Source (401) 765-1500 Information	1 CVS WOONSOCKET, RI 02895 US
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Owner (current) NORTH CAROLINA CVS PHARMACY LLC	1 CVS DR WOONSOCKET, RI 02895	Type: P
From: 12/22/2004	To:	Phone: (401) 765-1500

Operator (current) NORTH CAROLINA CVS PHARMACY LLC	1 CVS DR WOONSOCKET, RI 02895	Type: P
From: 09/19/2004	To:	Phone: (401) 765-1500

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:	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	
Transporter Activity: No	Used Oil Processor and/or	off-specification used oil to	
TSD Activity: No	Re-refiner Activity	off-specification used oil burner:	No
Recycler Activity: No	Processor: No	Marketer who first claims the used	
Exempt Boiler and/or Industrial Furnace	Refiner No	oil meets the specifications:	No
Small Quantity Onsite Burner Exemption: No	Underground	Destination Facility for	
Smelting, melting, Refining Furnace	Injection Control: No	Universal Waste:	No
Exemption: No			

Certification Information

First Name : CHARLES	Title CVS AGENT
Last Name : SAVAGE	Date Signed 05/20/2013

NAICS Codes

446110

Comments

UPDATE PER 8700-12 DATED 05/20/2013. DOWN GRADED TO A CESQG AND WASTE CODES. LTS 06/03/2013

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	---	---	---
D002			P042			
D009			P075			
D011			P081			

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.

- | | |
|--|---|
| <p><input checked="" type="checkbox"/> Y <input 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 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 checked="" 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 in 2-4.</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 3. United States Importer of Hazardous Waste</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 4. Mixed Waste (hazardous and radioactive) Generator</p> | <p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 5. 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><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities.</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 7. Recycler of Hazardous Waste</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 8. 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><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 9. Underground Injection Control</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 10. 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 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	P001	P042	P075	P081	D009
D011						

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 notification is updating the generator status & 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)
	Charles Savage CVS Agent	5/20/13