

File Room Document Transmittal Sheet

Your Name: BARBARA RYAN  
EPA ID: NCR000156208  
Facility Name: RITE AID #11363  
Document Group: General (G)  
Document Type: Notification 8700 (8700)  
Description:  
Date of Doc: 9/1/2015  
Author of Doc: DAVID W. CROZIER

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NCR000156208

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**Waste Management**  
ENVIRONMENTAL QUALITY

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*Acting Director*

March 01, 2016

DAVID CROZIER  
RITE AID #11363  
30 HUNTER LN  
CAMP HILL, PA 17011

**RE: EPA ID # NCR000156208 - RITE AID #11363**

Dear Facility Contact:

The North Carolina Hazardous Waste Section has received 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 assistance, please feel free to contact Melodi Deaver at (919)-707-8204.

Sincerely,

Julie Woosley, Chief  
Hazardous Waste Section

cc: Central Files (General)





**United States Environmental Protection Agency  
RCRA SUBTITLE C SITE IDENTIFICATION FORM**

**SEND COMPLETED FORM TO:**  
The Appropriate State or Regional Office.

<b>1. Reason for Submittal</b>	<p><b>Reason for Submittal:</b></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 &gt;1,000 kg of hazardous waste, &gt;1 kg of acute hazardous waste, &gt;100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)</p>
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<b>2. Site EPA ID Number</b>	EPA ID Number <u>  N  C  R     0  0  0     1  5  6     2  0  8  </u>
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<b>3. Site Name</b>	Name: Rite Aid # 11363
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<b>4. Site Location Information</b>	Street Address: 1002 NORTH HARRISON AVENUE		
	City, Town, or Village: CARY		County: WAKE
	State: NC	Country: USA	Zip Code: 27513

<b>5. Site Land Type</b>	<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
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<b>6. NAICS Code(s) for the Site (at least 5-digit codes)</b>	A. <u>  4  4  6     1  1  0  </u>	C. <u>                                         </u>
	B. <u>                                         </u>	D. <u>                                         </u>

<b>7. Site Mailing Address</b>	Street or P.O. Box: 30 Hunter Lane		
	City, Town, or Village: Camp Hill		
	State: PA	Country: USA	Zip Code: 17011

<b>8. Site Contact Person</b>	First Name: David		MI: W	Last: Crozier
	Title: Manager, Environmental Health & Safety			
	Street or P.O. Box: 30 Hunter Lane			
	City, Town or Village: Camp Hill			
	State: PA	Country: USA	Zip Code: 17011	
	Email: EHS@riteaid.com			
	Phone: 717-975-8643	Ext.:	Fax: (717) 972-3989	

<b>9. Legal Owner and Operator of the Site</b>	A. Name of Site's Legal Owner: Maynard Pharmacy Investors, LLC			Date Became Owner: 12/02/2005
	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			
	Street or P.O. Box: 3735 Beam Road, Suite B			
	City, Town, or Village: Charlotte			Phone: 704-357-1220
	State: NC	Country: USA	Zip Code: 28217	
	B. Name of Site's Operator: EDC Drug Stores, Inc			Date Became Operator: 11/14/2007
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				

**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 2-10.

- 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	D016	U002	U205			
D002	D018	U035	U211			
D005	D024	U044	U240			
D006	D026	U058	U279			
D007	D027	U072				
D008	D035	U122				
D009	P001	U129				
D010	P042	U154				
D011	P075	U165				

**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**

Update contact information.

**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)
	David W. Crozier	09/01/2015
	Manager, EH&S	