Hazardous Waste Section

File Room Document Transmittal Sheet

Your Name:	BARBARA RYAN
EPA ID:	NCR000155812
Facility Name:	RITE AID #11400
Document Group:	General (G)
Document Type:	Notification 8700 (8700)
Description:	
Date of Doc:	9/1/2015
Author of Doc:	DAVID CROZIER

File Room Use Only

NCR000155812

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IBEAM - RCRA Site Detail

Report run on: May 26, 2016

NCR000155812 **RITE AID #11400**

County: WAKE **Source Type:** S **Seq. Number:** 14 **Receive Date:** 04-Sep-2015

Location Address: 1910 FALLS VALLEY DR RALEIGH, NC 27615	**Mailing Address:** 30 HUNTER LN CAMP HILL, PA 17011

Contact Person For Source Information: DAVID CROZIER, (717) 975-8643, 30 HUNTER LN, CAMP HILL, PA 17011, US

Owner (current)
THE FRANKLIN FAMILY LIMITED PARTNERSHIP
3408 DOWNEY CT
RALEIGH, NC 27612
Type: P
From: 10/14/2004 To: Phone: (919) 434-4560

Operator (current)
EDC DRUG STORES, INC
30 HUNTER LN
CAMP HILL, PA 17011
Type: P
From: 07/10/2007 To: Phone: (717) 761-2633

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

Transporter:	No
Transfer Facility:	No

Used Oil Processor and/or Re-refiner Activity

Processor:	No
Refiner	No

Underground Injection Control: No

Off-Specification Used Oil Burner:	No

Used Oil Fuel Marketer Activity

Marketer who direct shipment off-specification used oil to off-specification used oil burner:	No
Marketer who first claims the used oil meets the specifications:	No

Destination Facility for Universal Waste: No

Certification Information

First Name :	DAVID	Title	MANAGER EH&S
Last Name :	CROZIER	Date Signed	09/01/2015

NAICS Codes

446110

Comments

PER 8700-12 DATED 9/01/2015 UPDATED NAICS CODE, CONTACT INFO, OWNER/OPER INFO, AND WASTE CODES. SRP 1/29/2016

OMB# 2050-0024; Expires 01/31/2017

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency **RCRA SUBTITLE C SITE IDENTIFICATION FORM**	SEP 2015

1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	**Reason for Submittal:** ☐ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) ☒ To provide a Subsequent Notification (to update site identification information for this location) ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #_____) ☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below) ☐ Site was a TSD facility and/or generator of >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)	
2. Site EPA ID Number	**EPA ID Number** N C R 0 0 0 1 5 5 8 1 2	
3. Site Name	**Name:** Rite Aid # 11400	
4. Site Location Information	**Street Address:** 1910 FALLS VALLEY DRIVE	
	City, Town, or Village: RALEIGH	**County:** WAKE
	State: NC **Country:** USA	**Zip Code:** 27615
5. Site Land Type	☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other	
6. NAICS Code(s) for the Site (at least 5-digit codes)	**A.** 4 4 6 1 1 0	**C.**
	B.	**D.**
7. Site Mailing Address	**Street or P.O. Box:** 30 Hunter Lane	
	City, Town, or Village: Camp Hill	
	State: PA **Country:** USA	**Zip Code:** 17011
8. Site Contact Person	**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
9. Legal Owner and Operator of the Site	**A. Name of Site's Legal Owner:** The Franklin Family Limited Partnership	**Date Became Owner:** 10/14/2004
	Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other	
	Street or P.O. Box: 3408 Downey Court	
	City, Town, or Village: Raleigh	**Phone:** 919-434-4560
	State: NC **Country:** USA	**Zip Code:** 27612
	B. Name of Site's Operator: EDC Drug Stores, Inc	**Date Became Operator:** 07/10/2007
	Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ 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	9/1/2015
	Manager, EH&S	