

File Room Document Transmittal Sheet

Your Name: BARBARA RYAN
EPA ID: NCR000156877
Facility Name: RITE AID #11534
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 9/18/2015
Author of Doc: DAVID CROZIER

File Room Use Only

Date Recieved by File Room:

Date Scanned:

| Month | Day | Year |
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NCR000156877

Scanner's Initials:

SAH

IBEAM - RCRA Site Detail

Report run on: May 26, 2016

NCR000156877

RITE AID #11534

County: CRAVEN **Source Type:** S **Seq. Number:** 25 **Receive Date:** 07-Dec-2015

| | |
|---|--|
| Location 101 W MAIN ST Address: HAVELOCK, NC 285322655 | Mailing 30 HUNTER LN Address: CAMP HILL, PA 17011 |
|---|--|

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

Owner (current) STANHOPE APARTMENTS LLC 3021 HILLSBOROUGH ST
 RALEIGH, NC 27607 Type: P

From: 05/13/2008 To: Phone: (919) 833-0330

Operator (current) EDC DRUG STORES INC 30 HUNTER LN
 CAMP HILL, PA 17011 Type: P

From: 01/31/2008 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: 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 off-specification used oil to off-specification used oil burner: | No |
| Transporter Activity: No | Used Oil Processor and/or Re-refiner Activity | Marketer who first claims the used oil meets the specifications: | No |
| TSD Activity: No | Processor: No | | |
| Recycler Activity: No | Refiner: No | | |
| Exempt Boiler and/or Industrial Furnace | Underground Injection Control: | Destination Facility for Universal Waste: | No |
| Small Quantity Onsite Burner Exemption: No | | | |
| Smelting, melting, Refining Furnace Exemption: No | | | |

Certification Information

First Name : DAVID Title MGR
 Last Name : CROZIER Date Signed 09/18/2015

NAICS Codes

446110

Comments

UPDATED 8700-12 DATED 9/18/2015 SITE CONTACT PERSON INFOR, LEGAL OWNER/OPERATOR INFOR, WASTE CODES. DOWNGRADING FROM LQG TO CESQG. OKAY TO PROCES PER BILL HUNNEKE. MD 12/7/2015

Bill

| | | | |
|--|--|--|---|
| SEND COMPLETED FORM TO: The Appropriate State or Regional Office. | United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM | | RECEIVED SEP 2015 Hazardous Waste Section  |
| 1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY | Reason for Submittal: <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> 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 <input type="text" value="N"/> <input type="text" value="C"/> <input type="text" value="R"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="8"/> <input type="text" value="7"/> <input type="text" value="7"/> | | |
| 3. Site Name | Name: Rite Aid # 11534 | | |
| 4. Site Location Information | Street Address: 101 WEST MAIN STREET | | County: CRAVEN |
| City, Town, or Village: HAVELOCK | | County: CRAVEN | |
| State: NC | | Country: USA | |
| Zip Code: 28532 | | Zip Code: 28532 | |
| 5. Site Land 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 | | |
| 6. NAICS Code(s) for the Site (at least 5-digit codes) | A. <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="6"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="0"/> | C. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| B. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | D. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| 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 | | 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 | | 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: Stanhope Apartments, LLC | | Date Became Owner: 05/13/2008 |
| 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: 3021 Hillsborough Street | | | |
| City, Town, or Village: Raleigh | | Phone: 919-833-0330 | |
| State: NC | | Country: USA | |
| Zip Code: 27607 | | Date Became Operator: 01/31/2008 | |
| B. Name of Site's Operator: EDC Drug Stores, Inc 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.

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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

Generator Status Reduction to CESQG

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 | 9/18/2015 |
| | Manager, EH&S | |
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