Hazardous Waste Section

File Room Document Transmittal Sheet

Your Name:	BELLA NGUYEN
EPA ID:	NCR000166025
Facility Name:	CVS PHARMACY #3987
Document Group:	General (G)
Document Type:	Notification 8700 (8700)
Description:	
Date of Doc:	11/1/2015
Author of Doc:	PHUONG NGUYEN

File Room Use Only

NCR000166025

	Month	Day	Year
Date Recieved by File Room:			
Date Scanned:	5	4	16

Scanner's Initials: SH

Waste Management
ENVIRONMENTAL QUALITY

PAT MCCRORY
Governor

DONALD R. VAN DER VAART
Secretary

MICHAEL SCOTT
Acting Director

April 12, 2016

NICOLE WILKINSON
CVS PHARMACY #3987
ONE CVS DR
MAIL CODE 2340
WOONSOCKET, RI 02895

RE: EPA ID # NCR000166025 - CVS PHARMACY #3987

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)

IBEAM - RCRA Site Detail

Report run on: April 12, 2016

NCR000166025 CVS PHARMACY #3987

County: PAMLICO Source Type: S Seq Number: 17 Receive Date: 15-Mar-2016

Location Address: 10775 NC HWY 55 GRANTSBORO, NC 28529	**Mailing Address:** ONE CVS DR WOONSOCKET, RI 02895

Contact Person For Source Information: NICOLE WILKINSON, (401) 770-7132, ONE CVS DR, MAIL CODE 2340, WOONSOCKET, RI 02895

Owner (current)
NC CVS PHARMACY LLC
ONE CVS DR
WOONSOCKET, RI 02895
Type: P
From: 06/17/2015
To:
Phone: (401) 765-1500

Operator (current)
NC CVS PHARMACY LLC
ONE CVS DR
WOONSOCKET, RI 02895
Type: P
From: 06/17/2015
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:

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 :	PHUONG	Title	REG COMPL COORD
Last Name :	NGUYEN	Date Signed	11/01/2015

NAICS Codes

446110

Comments

UPDATED 8700-12 DATED 11/1/2015 SITE CONTACT PERSON INFOR, WASTE CODES. MD 4/11/2016

Waste Management
ENVIRONMENTAL QUALITY

2015 INVOICE

ATTENTION: ACCOUNTS PAYABLE
CVS PHARMACY #3987
ONE CVS DR
MAIL CODE 2340
WOONSOCKET, RI 02895

FACILITY LOCATION ADDRESS:

NICOLE WILKINSON
CVS PHARMACY #3987
10775 NC HWY 55
GRANTSBORO NC 28529

FACILITY EPA ID #	INVOICE #	INVOICE DATE	AMOUNT DUE	DUE DATE	ENTER AMOUNT PAID
NCR000166025	HW71471	11/1/2015	$ 1,400.00	12/01/2015	

A. Fee Requirements: Pursuant to North Carolina General Statute 130A-294.1, a Facility must pay fee(s) based on its hazardous waste management activities. The fees are used to support government programs that ensure the safe management of hazardous waste. Failure to pay the required fees could result in an enforcement action with a penalty.

B. Invoice amount is based on the registered status as of the invoice date and includes any past-due balances. A 10% late-payment penalty has been assessed for Fiscal Year 2014 if the annual fee was not paid by June 30, 2015.

C. If Fiscal Year 2015 annual fees are not paid by June 30, 2016, the facility must pay a late-payment penalty of 10% of the total amount due.

D. In accordance with N.C.G.S. § 147-86.23, a facility may petition for waiver of any late-payment penalty but the Hazardous Waste Section will only grant a waiver for good cause shown.

FACILITY STATUS	FEE	TONNAGE	AMOUNT DUE
LARGE QUANTITY GENERATOR	$1400.00	--------	$1,400.00
		PAST DUE	$0.00
		CREDIT	$0.00
		TOTAL AMOUNT DUE	$1,400.00

E. Remit Payment :

To pay via electronic bank transfer (e-check), go to http://portal.ncdenr.org/web/wm/hw/epayment. You will need your EPA facility ID# and invoice number, as well as your bank routing and account numbers..There is no fee for electronic transfers. Partial payments are not allowed with this payment method.

To pay via mail with a paper check or money order, please make payable to **N.C. Hazardous Waste Section.** Include ***EPA ID#*** and ***Invoice #*** on check. Please note per NC General Statute (G.S. 25-3-506), a $25.00 processing fee will be charged on all returned checks. Please return a copy of this invoice with your payment to:

ATTN: PATRICIA DAVALOS
NC HAZARDOUS WASTE SECTION
1646 MAIL SERVICE CENTER
RALEIGH, NC 27699-1646

Send completed form to this address:	U.S. ENVIRONMENTAL PROTECTION AGENCY **RCRA SUBTITLE C SITE IDENTIFICATION FORM (2015)** The Appropriate State or EPA Regional Office

RECEIVED MAR 2016 Hazardous Waste Section

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 Subsequent Notification of Regulated Waste Activity (to update site identification information). ☐ 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:** NCR000166025
3. Site Name	**Name:** CVS PHARMACY #3987
4. Site Location Information	**Street Adress:** 10775 NC HWY 55 Pamlico **City, Town, or Village:** GRANTSBORO **County:** NC137 **State:** NC **Country** US **Zip Code:** 28529
5. Site Land Type	☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other
6. NAICS Code(s) for the Site	**A.** 446110 **B.** **C.** **D.**
7. Site Mailing Address	**Street or P. O. Box:** 1 CVS DR, MAIL DROP 23062A **City, Town, or Village:** WOONSOCKET **State:** RI **Country:** US **Zip Code:** 02895
8. Site Contact Person ✓	**First Name:** Nicole **MI:** **Last Name:** Wilkinson **Title:** Sr. Manager, Corporate Environmental **Street or P. O. Box:** 1 CVS DR, MAIL CODE 2340 **City, Town, or Village:** WOONSOCKET **State:** RI **Country:** US **Zip Code:** 02895 **Email :** Nicole.Wilkinson@CVSHealth.com **Phone:** 4017707132 **Ext:** **Fax:** 4016521901
9. Operator and Legal Owner of the Site	**A. Name of Site's Owner:** NORTH CAROLINA CVS PHARMACY, LLC **Date Became Owner:** 06/17/2015 **Type:** ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other **Street or P. O. Box:** 1 CVS DR **City, Town, or Village:** WOONSOCKET **Phone** 4017651500 **State:** RI **Country:** US **Zip Code:** 02895
	B. Name of Site's Operator: North Carolina CVS Pharmacy, L.L.C. **Date Became Operator:** 06/17/2015 **Type:** ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

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 must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

☐ 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

☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Wastes

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, D007, D009, D010, P001, P075, U002

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 for waste codes.

EPA ID Number: NCR000166025

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 SITE CONTACT INFORMATION AND GENERATOR STATUS TO LQG AS OF 11/2015.~~

2015 invoice

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 fine and imprisonment for knowing violations.

Signature of Operator, Owner, or an Authorized Representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Phuong Nguyen, Regulatory Compliance Coordinator	11/1/2015

EPA ID Number: NCR000166025

10. Type of Regulated Waste Activity
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 1-7.

Y☒ N☐ **1. Generator of Hazardous Waste**
If Yes, choose 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

☐ b. SQG:. 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or

☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

If "Yes" above, Indicate other generator activities.

Y☐ N☒ 2. Short-Term Generator (generate from a short-term or onetime event and not from on-going processes). If "Yes", provide an explanation in the Comments

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 (at your site)**
Note: A hazardous waste permit is required for this activity.

Y☐ N☒ **7. Recycler of Hazardous Waste (at your site)**

Y☐ N☒ **8. Exempt Boiler and/or Industrial Furnace**
If Yes, mark each that applies.

☐ 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 (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 boxes 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

C. Used Oil Activities; Complete all parts 1-4.

Y☐ N☒ **1. Used Oil Transporter**
If Yes, mark each that applies.

☐ a. Transporter

☐ b. Transfer Facility

Y☐ N☒ **2. Used Oil Processor and/or Re-refiner**
If Yes, mark each that applies.

☐ a. Processor

☐ b. Re-refiner

Y☐ N☒ **3. Off-Specification Used Oil Burner**

Y☐ N☒ **4. Used Oil Fuel Marketer**
If Yes, mark each that applies.

☐ 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