

Hazardous Waste Section
File Room Document Transmittal Sheet

Your Name: BELLA NGUYEN
EPA ID: NCR000156570
Facility Name: RITE AID #11510
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 10/12/2015
Author of Doc: DAVID CROZIER

File Room Use Only

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
5	9	16

NCR000156570

Scanner's Initials:

SH



Waste Management
ENVIRONMENTAL QUALITY

PAT MCCRORY

Governor

DONALD R. VAN DER VAART

Secretary

MICHAEL SCOTT

Acting Director

April 27, 2016

DAVID CROZIER
RITE AID #11510
30 HUNTER LN
CAMP HILL, PA 17011

RE: EPA ID # NCR000156570 - RITE AID #11510

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 27, 2016

NCR000156570 RITE AID #11510

County: HARNETT Source Type: S Seq. Number: 13 Receive Date: 21-Oct-2015

Location 1721 W CUMBERLAND ST
Address: DUNN, NC 28334

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) BOWIE MOTORS OF MONROE PO BOX 3806
 CHAPEL HILL, NC 27515 **Type:** P

From: 04/20/1997 **To:** **Phone:** (919) 967-9555

Operator (current) ECKERD CORPORATION 1721 W CUMBERLAND ST
 DUNN, NC 28334 **Type:** P

From: 05/02/2008 **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: Large Quantity Generator; State: Large Quantity Generator

Transfer Facility:

Used Oil Activities

Other Hazardous Waste Generator Activities

Importer Activity: No
Mixed Waste Generator: No
Transporter Activity: No
TSD Activity: No
Recycler Activity: No

Used Oil Transport Activity **Off-Specification Used Oil Burner:** No
Transporter: No **Used Oil Fuel Marketer Activity**
Transfer Facility: No **Marketer who direct shipment**
Used Oil Processor and/or **off-specification used oil to**
Re-refiner Activity **off-specification used oil burner:** No
Processor: No **Marketer who first claims the used**
Refiner No **oil meets the specifications:** No

Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption: No
Smelting, melting, Refining Furnace
Exemption: No

Underground **Destination Facility for**
Injection Control: No **Universal Waste:** No

Certification Information

First Name : DAVID **Title** MGR
Last Name : CROZIER **Date Signed** 10/12/2015

NAICS Codes

446110

Comments

UPDATED 8700-12 DATED 10/12/2015 UPGRADING FROM CESQG TO LQG. MD 4/27/2016



Waste Management
ENVIRONMENTAL QUALITY

2015 INVOICE

ATTENTION: ACCOUNTS PAYABLE
RITE AID #11510
30 HUNTER LN
CAMP HILL, PA 17011

FACILITY LOCATION ADDRESS:

DAVID CROZIER
RITE AID #11510
1721 W CUMBERLAND ST
DUNN NC 28334

FACILITY EPA ID #	INVOICE #	INVOICE DATE	AMOUNT DUE	DUE DATE	ENTER AMOUNT PAID
NCR000156570	HW71483	4/27/2016	\$ 1,400.00	05/27/2016	

- 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

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 Generator Status from CESQG to LQG

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	10/12/2015
	Manager, EH&S	

Hazardous Waste Section
File Room Document Transmittal Sheet

Your Name: BELLA NGUYEN
EPA ID: NCR000156216
Facility Name: RITE AID #11348
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

Date Recieved by File Room:

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5	9	16

NCR000156216

Scanner's Initials:

SH



Waste Management
ENVIRONMENTAL QUALITY

PAT MCCRORY
Governor

DONALD R. VAN DER VAART
Secretary

MICHAEL SCOTT
Acting Director

March 01, 2016

DAVID CROZIER
RITE AID #11348
30 HUNTER LN
CAMP HILL, PA 17011

RE: EPA ID # NCR000156216 - RITE AID #11348

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.

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 6 2 1 6

3. Site Name

Name: Rite Aid # 11348

4. Site Location Information

Street Address: 2403 RANDLEMAN ROAD
 City, Town, or Village: GREENSBORO County: GUILFORD
 State: NC Country: USA Zip Code: 27406

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
 B.
 C.
 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: SCOTT DRUG COMPANY Date Became Owner: 06/17/1998
 Owner Type: Private County District Federal Tribal Municipal State Other
 Street or P.O. Box: Box 34649
 City, Town, or Village: Charlotte Phone: 704-366-1562
 State: NC Country: USA Zip Code: 28234
 B. Name of Site's Operator: Eckerd Corporation Date Became Operator: 04/02/2008
 Operator Type: Private County District Federal Tribal Municipal State Other

10. Type of Regulated Waste Activity (at your site)
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 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.
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 If "Yes," mark all that apply.
- a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
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❖ 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

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D009	P001	U129				
D010	P042	U154				
D011	P075	U165				

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12. Notification of Hazardous Secondary Material (HSM) Activity

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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	9/11/2015
	Manager, EH&S	