



State of North Carolina  
Department of Environment,  
Health and Natural Resources  
Division of Solid Waste Management



James B. Hunt, Jr., Governor  
Jonathan B. Howes, Secretary  
William L. Meyer, Director

5

June 14, 1995

LABORATORY CORP OF AMERICA  
2469 ANTHONY RD  
BURLINGTON NC 27215

RE: EPA ID No.: NCR000001131

Dear Sir:

Based on information received by this office for the site identified with the above EPA ID number, the State has accepted and processed the change in RCRA classification or information for the above listed site.

Your EPA ID number is active.

Current computer record of your facility contains following information:

( X Indicates Operational Status of Your Facility)

- LARGE GENERATOR
- TRANSPORTER
- STORER
- X EXEMPT SMALL QNTY. GENERATOR
- TREATER
- DISPOSER

|                  |                            |
|------------------|----------------------------|
| Company Name:    | LABORATORY CORP OF AMERICA |
| Owner:           | LABORATORY CORP OF AMERICA |
| Owner Address:   | 231 MAPLE AVE              |
| City, St. & ZIP: | BURLINGTON NC 27215        |
| Contact:         | INGLE DARREL               |
| Phone Number:    | (910)229-5173              |
| Location Addr.:  | 2469 ANTHONY RD            |
| City, St. & ZIP: | BURLINGTON NC 27215        |

Please verify the above computer information. Please notify us of any corrections.

We are advising EPA of the change. Please notify us if there is any further change in your operations which would affect your status, namely Company's Name, Ownership, Address, Contact, or Telephone.

Your EPA ID number is currently active.

Sincerely,

R.J. Edwards, Administrative Officer

Division of Solid Waste Management

P.O. Box 27687, Raleigh, North Carolina 27611-7687 Telephone 919-733-6600

An Equal Opportunity Affirmative Action Employer 50% recycled/ 10% post-consumer paper

CC: JOSEPH H. DEAKINS

# Roche Biomedical Laboratories

ROCHE

a subsidiary of Hoffmann-La Roche Inc.

Roche Biomedical Laboratories, Inc.  
P.O. Box 2230  
Burlington, North Carolina 27216-2230

Telephone: (919) 584-5171  
Cable: BIOMED

NCR000001131  
CORR  
Lab of America

(4)

Mr. Jim Edwards  
Hazardous Waste Section  
Department of Environment, Health, and Natural Resources  
Division of Solid Waste  
P.O. Box 27687  
Raleigh, NC 27611-7687

June 5, 1995

Dear Jim,

In the course of routinely reviewing information on some documents, I detected an error on the EPA Form 87100-12, Notification of Regulated Waste Activity (dated May 19, 1995), which was submitted to your office last month for our Laboratory Corporation of America facility at 2469 Anthony Road ~~here~~ in Burlington.

The facility telephone number is incorrect. The correct number is (910) 229-5173.

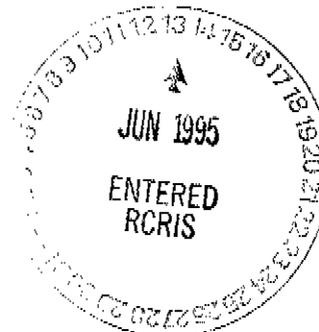
If I must complete another form to correct this error, then please contact me at 1-(800)331-2843, extension 6622. If not, then please accept my apologies for this error. I know that it is important for you to have current, correct information for this type of facility.

Thanks again for your help.

*Bill Homovec*

Bill Homovec

National Safety and  
Environmental Affairs  
Manager



**Roche Biomedical  
Laboratories**



a subsidiary of Hoffmann-La Roche Inc.

*File name: Lab Corp of America*

Roche Biomedical Laboratories, Inc.  
P.O. Box 2230  
Burlington, North Carolina 27216-2230

Telephone: 919 584-5171  
Cable: Biomed



Mr. Jim Edwards  
Hazardous Waste Section  
Division of Solid Waste Management  
Department of Environment, Health, and Natural Resources  
P.O. Box 27687  
Raleigh, NC 27611-7687

May 19, 1995

Dear Jim,

Attached, you will find a completed copy of EPA Form 8700-12, Notification of Regulated Waste Activity, dated May 19, 1995, and signed by Ronald Riffle, assistant vice president. I prepared the information detailed in this notification. If you have any questions regarding it, then I can be reached at 1-(800)331-2843, extension 6622.

Thank you for your help in the proper completion and submission of this document.

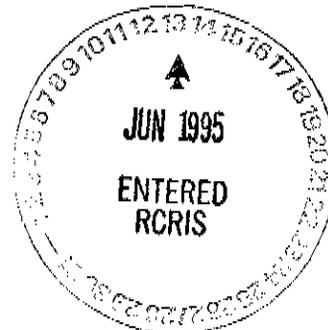
*NCR 000 00/131*

Sincerely,

*Bill Homovec*

Bill Homovec

National Safety and  
Environmental Affairs Manager



State of North Carolina  
Department of Environment,  
Health and Natural Resources  
Division of Solid Waste Management

James B. Hunt, Jr., Governor  
Jonathan B. Howes, Secretary  
William L. Meyer, Director



June 2, 1995

LABORATORY CORP OF AMERICA  
2469 ANTHONY RD  
BURLINGTON, NC 27215

RE: EPA ID No. NCR000001131

Dear Sir:

Listed above is your EPA ID number which has been assigned by the EPA. As an Exempt Small Generator, you should be familiar with N.C. Hazardous Waste Management Regulations 15A NCAC 13A .0002 Definitions; contained in 40 CFR 260.10 (Subpart B), 15A NCAC 13A .0006 Identification and Listings of Hazardous Waste; contained in 40 CFR 261.1 (Subpart A-D) and 15A NCAC 13A .0007 Standards for Hazardous Waste Generations; contained in 40 CFR 262.10 - 262.40 (Subpart A-D).

You can contact the Hazardous Waste Management Section at (919) 733-2178 for information.

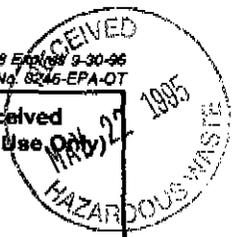
NCSU provides a training program for generators which you may want to attend. Call Mac McKenzie or Kathryn Murray at 919-515-2261 or write to the Office of Continuing Education and Professional Development, P.O. Box 7401, Mckimmon Center, N. C. State University, Raleigh, NC 27695-7401.

You will be inspected at a future date to insure compliance with the above rules. To obtain a complete copy of rules contact the Hazardous Waste Management Section, Division of Solid Waste Management, Box 27687, Raleigh, 27611-7687. There is a 16.00 printing charge for complete copy of the rules.

Sincerely,

R.J. Edwards, Administrative Officer  
Division of Solid Waste Management

cc: JOSEPH H. DEAKINS



Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

# EPA Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only) **27**

**I. Installation's EPA ID Number (Mark 'X' in the appropriate box)**

|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> A. First Notification | <input type="checkbox"/> B. Subsequent Notification (Complete Item C) | C. Installation's EPA ID Number<br><b>NC R000001131</b> |
|---|---|---|

**II. Name of Installation (Include company and specific site name)**

**LABORATORY CORP OF AMERICA**

**III. Location of Installation (Physical address not P.O. Box or Route Number)**

Street  
**2469 ANTHONY ROAD**

Street (Continued)

|                                   |                                |                           |
|-----------------------------------|--------------------------------|---------------------------|
| City or Town<br><b>BURLINGTON</b> | State<br><b>NC</b>             | Zip Code<br><b>27215-</b> |
| County Code                       | County Name<br><b>ALAMANCE</b> |                           |

**IV. Installation Mailing Address (See instructions)**

Street or P.O. Box  
**2469 ANTHONY ROAD**

|                                   |                    |                           |
|-----------------------------------|--------------------|---------------------------|
| City or Town<br><b>BURLINGTON</b> | State<br><b>NC</b> | Zip Code<br><b>27215-</b> |
|-----------------------------------|--------------------|---------------------------|

**V. Installation Contact (Person to be contacted regarding waste activities at site)**

|                                      |  |
|--------------------------------------|--|
| Name (Last)<br><b>INGLE</b>          | (First)<br><b>DARREL</b>                                   |
| Job Title<br><b>MAINTENANCE TECH</b> | Phone Number (Area Code and Number)<br><b>910-229-5773</b> |

**VI. Installation Contact Address (See instructions)**

|   |                       |
|---|-----------------------|
| A. Contact Address Location Mailing Other | B. Street or P.O. Box |
| <input checked="" type="checkbox"/>       |                       |

|              |       |          |
|--------------|-------|----------|
| City or Town | State | Zip Code |
|              |       | -        |

**VII. Ownership (See instructions)**

**A. Name of Installation's Legal Owner**  
**LABORATORY CORP OF AMERICA**

Street, P.O. Box, or Route Number  
**231 MAPLE AVENUE**

|   |                          |                               |
|---|--------------------------|-------------------------------|
| City or Town<br><b>BURLINGTON</b>                                   | State<br><b>NC</b>       | Zip Code<br><b>27215-</b>     |
| Phone Number (Area Code and Number)<br><b>910-229-1127</b>          | B. Land Type<br><b>P</b> | C. Owner Type<br><b>P</b>     |
| D. Change of Owner Indicator  |                          | (Date Changed) Month Day Year |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                          |                               |

| ID - For Official Use Only |  |  |  |  |  |  |  |  |  |
|----------------------------|--|--|--|--|--|--|--|--|--|
|                            |  |  |  |  |  |  |  |  |  |

**VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)**

| A. Hazardous Waste Activity  |  | B. Used Oil Recycling Activities  |
|--|--|---|
| <p>1. Generator (See instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.)</p> <p><input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify</p> | <p><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter/Deferral</p> <p><input type="checkbox"/> 2. Small Quantity Exemption</p> <p>Indicate Type of Combustion Device(s)</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p> | <p>1. Used Oil Fuel Marketer</p> <p><input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p> <p>2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)</p> <p><input type="checkbox"/> a. Utility Boiler</p> <p><input type="checkbox"/> b. Industrial Boiler</p> <p><input type="checkbox"/> c. Industrial Furnace</p> <p>3. Used Oil Transporter - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Process</p> <p><input type="checkbox"/> b. Re-refine</p> |

**IX. Description of Hazardous Wastes (Use additional sheets if necessary)**

**A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)**

|                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| 1. Ignitable (D001)      | 2. Corrosive (D002)      | 3. Reactive (D003)       | 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> 0019 0028 0039 0040   |

**B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)**

|   |   |   |    |    |    |
|---|---|---|----|----|----|
| 1 | 2 | 3 | 4  | 5  | 6  |
|   |   |   |    |    |    |
| 7 | 8 | 9 | 10 | 11 | 12 |
|   |   |   |    |    |    |

**C. Other Wastes. (State or other wastes requiring a handler to have an LD number; See instructions)**

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 |
|   |   |   |   |   |   |

**X. 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<br><i>Ronald Riffle</i> | Name and Official Title (Type or print)<br>RONALD RIFFLE<br>ASSISTANT VICE PRESIDENT | Date Signed<br>5-17-95 |
|-----------------------------------|--|------------------------|

**XI. Comments**

THE PROPERTY ON WHICH THE INSTALLATION OPERATES IS OWNED BY BURLINGTON AIRMANCRAFT  
AIRPORT AUTHORITY, 2211 LAKEVIEW TERRACE, BURLINGTON, NC 27215

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)