

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



January 19, 1996

Dear Sir: *Inspire Pharmaceuticals Inc*

Based on information received from you for your site identification, the State has accepted and processed RCRA classification for this site.

Your EPA ID number is: *NCR000001990*
(X Indicates Operational Status of Your Facility)

- | | |
|--|--|
| - LARGE GENERATOR | - SMALL GENERATOR |
| - SMALL EXEMPT GENERATOR | <input checked="" type="checkbox"/> INACTIVE |
| - TRANSPORTER | - TREATER |
| - DISPOSER | |
| - USED OIL FUEL MARKETER SHIPPING TO OFF-SPECIFICATION BURNER | |
| - USED OIL FUEL MARKETER FIRST CLAIMS OIL MEETS SPECIFICATIONS | |
| - USED OIL BURNER | |
| - USED OIL TRANSPORTER | |
| - USED OIL TRANSFER FACILITY | |
| - USED OIL PROCESSOR | |
| - USED OIL RE-REFINER | |

Sincerely,

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

Inspire Pharmaceuticals, Inc.

December 11, 1995

Mr. R. J. Edwards
Administrative Officer
Division of Solid Waste Management
State of North Carolina Department of Environment,
Health and Natural Resources
P.O. Box 27687
Raleigh, NC 27611-7687



inactive

Dear Mr. Edwards:

I am notifying you that we have removed all chemical waste and chemicals from our rental space at 710 W. Main St., Durham, NC and that our EPA ID for that site, NCR00001990, should be declared inactive.

On October 5, 1995, I applied for a new ID number for our permanent site and supplied all information as required. I would appreciate if you would now activate that EPA ID number as we are beginning operations. I was notified earlier that all information was accepted and a new number would be forthcoming.

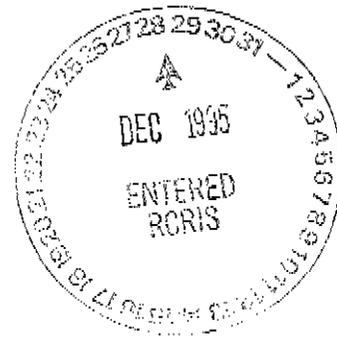
Please note that we are located in Durham, NC 27703 according to the US Postal Service. Our telephone and facsimile numbers are unchanged from those given on the pending application.

Thank you for your kind attention.

Sincerely yours,

Janet L. Rideout

Janet L. Rideout, Ph.D.
Director of Chemistry



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

September 15, 1995

INSPIRE PHARMACEUTICALS INC
710 W MAIN ST ROOM 211
DURHAM, NC 27701

RE: EPA ID No. NCR000001990

Dear Sir:

Listed above is your EPA ID number which has been assigned by the EPA. As a 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).

Effective January 1, 1986, all handlers of hazardous waste were required by G.S. 130A-294.1 to pay an annual fee. The above rules were adopted November 13, 1985 as authorized by G.S. 130A-294(a)(7) which was ratified July 3, 1985. Revised by House Bill 2623, ratified on the 29th day of June, 1988 by the General Assembly of the State of North Carolina. You will be billed for the Annual Fee at the beginning of the State fiscal year in July.

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:

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).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)
AUG 11 1995
HARRISBURG, PENNSYLVANIA

①

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 NCR 000 00 1990
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II. Name of Installation (include company and specific site name)

INSPIRE PHARMACEUTICALS INC

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

Street
710 WEST MAIN STREET KM 211
Street (Continued)

City or Town DURHAM	State NC	Zip Code 27701-
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County Code 063	County Name DURHAM
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IV. Installation Mailing Address (See Instructions)

Street or P.O. Box
SAME
City or Town
State
Zip Code

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

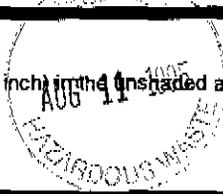
Name (Last) RIDEOUT	(First) JANET
Job Title DIR CHEMISTRY	Phone Number (Area Code and Number) 919-682-5908

VI. Installation Contact Address (See Instructions)

A. Contract Address Location: <input checked="" type="checkbox"/> Mailing <input type="checkbox"/> Other	B. Street or P.O. Box
City or Town	State Zip Code

VII. Ownership (See Instructions)

A. Name of installation's Legal Owner H JEFF LEIGHTON	
Street, P.O. Box, or Route Number 4222 EMPEROR BLVD SUITE 470	
City or Town MORRISVILLE	State Zip Code NC 27560-
Phone Number (Area Code and Number) 919-941-9777	B. Land Type P
C. Owner Type P	D. Change of Owner Indicator Yes <input type="checkbox"/> No <input type="checkbox"/>
(Date Changed) Month Day Year	



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 1000 kg/mo (2,200 lbs.)</p> <p><input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.)</p> <p><input 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. Smaller 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> D022 D038

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

1 F002	2 A003	3 F005	4 1005	5	6
7	8	9	10	11	12

C. Other Wastes. (State other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
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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 <i>[Signature]</i>	Name and Official Title (Type or print) Dan Rowland - Dir. of Finance	Date Signed 8-9-95
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XI. Comments

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