

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

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



3

February 14, 1997

JIM MILLER, MGR FAC. ENG.
COVANCE
6051 GEORGE WATTS HILL DR
RTP, NC 27709
RE EPA ID NO.: NCR000006353

Dear Sir/Madam:

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 - 262.43 (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. 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. The State of North Carolina provides a training program for generators which you may want to attend.

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 Waste Management, P. O. Box 27687, Raleigh, 27611-7687. There is a \$25.00 printing charge for complete copy of the rules.

Sincerely,

R. J. Edwards, Administrative Assistant
Division of Waste Management

cc: MIKE WILLIFORD

P.O. Box 27687,
Raleigh, North Carolina 27611-7687
Voice 919-733-4996



FAX 919-715-3605
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Jane M. O'Connor
1003 Sunny Brae Court
Apex, NC 27502
(919) 387-1197



December 13, 1996

Hazardous Waste Section
Division of Solid Waste Management
NCDEHNR
PO Box 27687
Raleigh, North Carolina 27611-7687



RE: Covance - RTP Facility
Notification of Regulated Waste Activity

Enclosed is a first-time Notification of Regulated Waste Activity for the above referenced firm, located on Davis Drive in Research Triangle Park. This new facility is scheduled for start-up during the first quarter of 1997.

The facility is designed for contract manufacturing of recombinant proteins for biotechnological clients. Processes will include fermentation, cell culture, protein product recovery and harvesting, purification and media preparation. All potentially infectious waste is chemically inactivated at the point of generation prior to discharge to either a liquid Biowaste Treatment System or an autoclave for solid wastes. The Biowaste Treatment System discharges to the Town of Cary and autoclaved wastes are discarded with the facility trash. The facility may generate small quantities of hazardous waste in its quality control and developmental laboratory areas and during equipment cleaning with caustic agents. Hazardous wastes will be disposed under contract with a hazardous waste management firm, yet to be selected.

The above referenced facility is currently operating under the name of Corning Bio, but will undergo a name change to Covance with ownership transferred from Corning Life Sciences to Covance.

If you have any questions regarding this notification, please contact me at the letterhead address/phone number.

Sincerely,


Jane M. O'Connor

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).

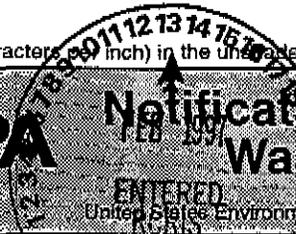


Notification of Regulated Waste Activity

ENTERED
United States Environmental Protection Agency

Date Received
(For Official Use Only)

DEC 18



1

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

A. First Notification

B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number

NCR000006353

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

C O V A N C E

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

Street

6 0 5 1 G e o r g e W a t t s H i l l D r i v e

Street (Continued)

City or Town

R T P

State

N C

Zip Code

2 7 7 0 9 -

County Code

1 8 3

County Name

W a k e

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P O B o x 1 3 8 6 5

City or Town

R T P

State

N C

Zip Code

2 7 7 0 9 - 3 8 6 5

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

Name (Last)

M i l l e r

(First)

J i m

Job Title

M a n a g e r F a c E n g

Phone Number (Area Code and Number)

9 1 9 - 4 6 8 - 3 2 2 0

VI. Installation Contact Address (See Instructions)

A. Contract Address Location: Mailing Other

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of installation's Legal Owner

N A T I O N S B A N K L E A S I N G C O R P

Street, P.O. Box, or Route Number

1 0 1 S O U T H T R Y O N S T

City or Town

C H A R L O T T E

State

N C

Zip Code

2 8 2 5 5 -

Phone Number (Area Code and Number)

7 0 4 - 3 8 6 - 8 2 9 6

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(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 1000kg/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>_____</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 Direct 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 type="checkbox"/>	<input type="checkbox"/>

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

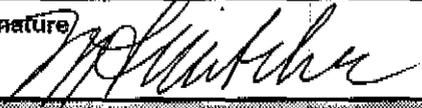
1	2	3	4	5	6
F 0 0 3					
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. 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 	Name and Official Title (Type or print) Mark Witcher, V.P. Mfg. Operations	Date Signed 11/11/96
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XI. Comments

This facility is in the process of changing its name from
Corning Bio Inc. to Covance

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