

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



(2)

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

February 2, 1994

PROTEIN DELIVERY
 2300 ELGLERT DR STE G
 DURHAM, NC 27713

RE: EPA ID No. NC0000103622

Post-It™ brand fax transmittal memo 7671		# of pages ▶ 3
To: <i>Tommy Taylor</i>	From: <i>Carolyn Chappell</i>	
Co: <i>Protein Delivery</i>	Co: <i>Hammonds White</i>	
Dept: <i>S.R. MEK.</i>	Phone #: <i>919 733-2178</i>	
Fax: <i>919-361-9765</i>	Fax #: <i>919 733-9909</i>	

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 III

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

cc: TERRY WADDELL

*919
 361-9765
 send for original
 when letter letter*

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SIC ~~8731~~

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

A. Hazardous Waste Activity		B. Fuel Activities	
<input type="checkbox"/> 1. Generator (See instructions) <input type="checkbox"/> a. Greater than 1000 kg/mo (>200 lbs) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - >200 lbs) <input checked="" type="checkbox"/> c. Less than 100 kg/mo (<20 lbs)	<input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own use only <input type="checkbox"/> b. For commercial purposes Mode of Transportation: <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify: _____	<input type="checkbox"/> 3. Treater, Storage, Disposal (Installation) (Indicate in Part III of this form if you are a generator, transporter, or owner of a hazardous waste fuel.) <input type="checkbox"/> a. Generator/Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Burner - Indicate device(s) in box 6 <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 4. Generator/Use of Fuel <input type="checkbox"/> a. Generator/Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Burner - Indicate device(s) in box 6 <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 4. Generator/Use of Fuel/Marketing to Burner Who First Claims to Meet the Specification

IX. Description of Regulated 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)

Ignitable 2001	Corrosive 5002	Reactive 1000	EP Toxic 1000	Other
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D035

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
F002	F003	F005		

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5
666				

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature: *Thomas M. Taylor* Name and Official Title (type or print): Tommy Taylor, Mar. Analytical Services Date Signed: 11/18/93

XI. Comments

Protein Drugs R & D Company

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