

Hazardous Waste Section
File Room Document Transmittal Sheet

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Your Name: MEL DEAVER
EPA ID: NCR000012799
Facility Name: AVIST APHARMA SOLUTIONS
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 1/5/2016
Author of Doc: PAT WALSH

File Room Use Only

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
3	17	16

NCR000012799

Scanner's Initials:

SW



Waste Management
ENVIRONMENTAL QUALITY

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Secretary

LINDA CULPEPPER

Director

February 17, 2016

RALPH VARRATO
AVISTA PHARMA SOLUTIONS
3501 C TRICENTER BLVD
DURHAM, NC 27713

RE: EPA ID # NCR000012799 - AVISTA PHARMA SOLUTIONS

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: February 17, 2016

NCR000012799 AVISTA PHARMA SOLUTIONS

County: DURHAM Source Type: Seq. Number: Receive Date: 20 Jan 2016

Location 3501 C TRICENTER BLVD Address: DURHAM, NC 27713	Mailing 3501 C TRICENTER BLVD Address: DURHAM, NC 27713
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Contact Person RALPH VARRATO For Source Information (919) 544-8674	3501 C TRICENTER BLVD DURHAM, NC 27713 US
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Owner (current) ACCURATUS LAB SERVICES INC	1285 CORPORATE CENTER DR EAGAN, MN 55121	Type: P
From: 01/01/1601	To:	Phone: (651) 379-5516

Operator (current) AVISTA PHARMA SOLUTIONS	3501 C TRICENTER BLVD DURHAM, NC 27713	Type: P
From: 01/01/1601	To:	Phone:

Land Type: P	Non Notifier : E	Commercial Availability:	Tsd Date:
Accessibility:	No. Employees : 0	State District:	

HAZARDOUS WASTE ACTIVITIES

Hazardous Waste Generator Status - Federal: Large Quantity Generator; State: Large Quantity Generator

Transfer Facility: No	Used Oil Activities		
Other Hazardous Waste Generator Activities	Used Oil Transport Activity	Off-Specification Used Oil Burner:	No
Importer Activity: No	Transporter: No	Used Oil Fuel Marketer Activity	
Mixed Waste Generator: No	Transfer Facility: No	Marketer who direct shipment off-specification used oil to off-specification used oil burner:	No
Transporter Activity: No	Used Oil Processor and/or Re-refiner Activity	Marketer who first claims the used oil meets the specifications:	No
TSD Activity: No	Processor: No		
Recycler Activity: No	Refiner: No		
Exempt Boiler and/or Industrial Furnace	Underground Injection Control: No	Destination Facility for Universal Waste:	No
Small Quantity Onsite Burner Exemption: No			
Smelting, melting, Refining Furnace Exemption: No			

OPERATION INFORMATION

First Name : PAT	Title	CEO
Last Name : WALSH	Date Signed	01/05/2016

NAICS Code

541711

Comments

UPDATED 8700-12 DATED 1/5/2016 SITE CONTACT PERSON INFOR, LEGAL OWNER/OPERATOR INFOR, MD 2/16/2016

RECEIVED
 JAN 2016
 Hazardous
 Waste Section



<p>SEND COMPLETED FORM TO: The Appropriate State or Regional Office.</p>	<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>
<p>1. Reason for Submittal</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)</p> <p><input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</p> <p><input type="checkbox"/> 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)</p>
<p>2. Site EPA ID Number</p>	<p>EPA ID Number <u>NC1R101001011Z171919</u></p>
<p>3. Site Name</p>	<p>Name: <u>Avista Pharma Solutions</u></p>
<p>4. Site Location Information</p>	<p>Street Address: <u>3501 C Tricenter Blvd</u></p> <p>City, Town, or Village: <u>Durham</u> County: _____</p> <p>State: <u>North Carolina</u> Country: <u>U.S.A</u> Zip Code: <u>27713</u></p>
<p>5. Site Land Type</p>	<p><input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>
<p>6. NAICS Code(s) for the Site (at least 5-digit codes)</p>	<p>A. <u>15141171111</u> C. _____</p> <p>B. _____ D. _____</p>
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: <u>Same as above</u></p> <p>City, Town, or Village: _____</p> <p>State: _____ Country: _____ Zip Code: _____</p>
<p>8. Site Contact Person</p>	<p>First Name: <u>Ralph</u> MI: _____ Last: <u>Varrato</u></p> <p>Title: <u>Sr. Director Facilities</u></p> <p>Street or P.O. Box: <u>3501 C Tricenter Blvd</u></p> <p>City, Town or Village: <u>Durham</u></p> <p>State: <u>NC</u> Country: <u>USA</u> Zip Code: <u>27713</u></p> <p>Email: <u>ralph.varrato@avistapharma.com</u></p> <p>Phone: <u>919-544-8674</u> Ext.: _____ Fax: _____</p>
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: <u>Accuratus Lab Services, Inc</u> Date Became Owner: <u>01/31/16</u></p> <p>Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p> <p>Street or P.O. Box: <u>1285 Corporate Center Drive, Ste. 110</u></p> <p>City, Town, or Village: <u>Eagan</u> Phone: <u>651-379-5516</u></p> <p>State: <u>MN</u> Country: <u>U.S.A</u> Zip Code: <u>55121</u></p> <p>B. Name of Site's Operator: <u>Avista Pharma Solutions</u> Date Became Operator: _____</p> <p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>

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.

- 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.

- 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.
- 3. United States Importer of Hazardous Waste**
- 4. Mixed Waste (hazardous and radioactive) Generator**

- 5. Transporter of Hazardous Waste**
 If "Yes," mark all that apply.
- a. Transporter
- b. Transfer Facility (at your site)
- 6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.
- 7. Recycler of Hazardous Waste**
- 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
- 9. Underground Injection Control**
- 10. Receives Hazardous Waste from Off-site**

B. Universal Waste Activities; Complete all parts 1-2.

- 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) _____
- 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.

- 1. Used Oil Transporter**
 If "Yes," mark all that apply.
- a. Transporter
- b. Transfer Facility (at your site)
- 2. Used Oil Processor and/or Re-refiner**
 If "Yes," mark all that apply.
- a. Processor
- b. Re-refiner
- 3. Off-Specification Used Oil Burner**
- 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	F002					
D002	F003					
D003	F005					
D018						
D019						
D022						
D028						
D035						
D038						

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.

OUTS203H						
OUTS204H						
OUTS207H						
OUTS219H						
OUTS3091						
OUTS3981						
OUTS409H						

12. Notification of Hazardous Secondary Material (HSM) Activity

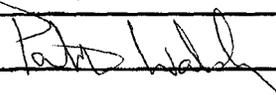
Y N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes," you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

Multiple empty horizontal lines for entering comments.

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)
	Pat Walsh CEO	01/05/16