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January 30, 2001

NC Division of Waste Management
Hazardous Waste Section
Attn: Jim Edwards
1646 Mail Service Center
Raleigh, NC 27699-1646

Re: Waste Minimization Form Annual Fee
Facility NCR000010371

It has come to my attention that our Waste Minimization Form, annual fee was not included with our timely submittal of the Waste Minimization Report (see attached).

Following a conversation with you yesterday, I am submitting our original submittal along with a \$500 (five hundred dollar) check payable to the N.C. Hazardous Waste Section.

I apologize for the oversight. If you have any questions, please do not hesitate to contact me at 408-5125.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read 'Chris D. McKeeman'.

Chris D. McKeeman, CSP, CHMM
EHS Manager

Attachments (2)

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NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF WASTE MANAGEMENT

September 22, 2000



JAMES B. HUNT JR.
GOVERNOR

BILL HOLMAN
SECRETARY

WILLIAM L. MEYER
DIRECTOR

MICHAEL PIRRELLO
Or Current Hazardous Waste Facility Contact
TRIMERIS INC (NCR000010371)
4727 UNIVERSITY DR STE 100-200
DURHAM, NC 27707

Dear Mr./Ms. PIRRELLO:

Pursuant to North Carolina General Statutes 130A-294 and 130A-294.1 the above listed facility is required to both pay a fee and submit a written description of any program(s) to minimize or reduce the volume and quantity or toxicity of hazardous waste produced. You can access the referenced General Statutes at the NC Hazardous Waste Rules web page at: <http://wastenot.enr.state.nc.us/HWHOME/WEBRules/NCHWRule.html>.

Please review the attached form concerning your hazardous waste status and fee requirements, and describe your waste minimization efforts. **Return the completed Waste Minimization Form and submit payment no later than November 30, 2000** to:

North Carolina Division of Waste Management
Hazardous Waste Section
ATT: Jim Edwards
1646 Mail Service Center
Raleigh, NC 27699-1646

Checks should be made out to N.C. Hazardous Waste Section. Please include your EPA ID number and facility name on your check..

If you have any questions concerning this information please call Jim Edwards (x-209) or Bud McCarty (x-247) at 919-733-2178.

Sincerely,

Jill Burton, Acting Chief
North Carolina Hazardous Waste Section
(over)



1646 MAIL SERVICE CENTER, RALEIGH, NORTH CAROLINA 27699-1646
401 OBERLIN ROAD, SUITE 150, RALEIGH, NC 27605
PHONE 919-733-4896 FAX 919-715-3605

WHO IS REQUIRED TO PAY A HAZARDOUS WASTE FEE ?

Large Quantity Generators (\$500.00) - A person who generates one kilogram or more of acute hazardous waste or 1000 kilograms or more of hazardous waste in any calendar month during the year beginning July 1, 2000, and ending June 30, 2001. (Note: Large Quantity Generators are also required to pay an additional fee of \$.50 per ton, or any part thereof, of hazardous waste generated during the period January 1, 1999 to December 31, 1999, up to a maximum of 25,000 tons.)

Small Quantity Generators (\$25.00) - A person who generates 100 kilograms or more of hazardous waste in any calendar month during the year beginning July 1, 2000, and ending June 30, 2001, but less than 1000 kilograms of hazardous waste in each calendar month during that year.

Transporters (\$600) - A person who transports hazardous waste shall pay an annual fee.

Treaters, Storer or Disposer (\$1200.00 for each activity) - A storage, treatment, or disposal facility shall pay an annual activity fee for each activity.

The North Carolina Hazardous Waste Section database indicates the following information for your facility. If you need to make changes please do so on the attached Notification of Regulated Waste Activity form and return it with your payment and waste minimization information.

Contact: **MICHAEL PIRRELLO**
 Facility Name: **TRIMERIS INC**
 EPA ID Number: **NCR000010371**
 Mailing Address: **4727 UNIVERSITY DR STE 100-200**
DURHAM, NC 27707
 Location Address: **4727 UNIVERSITY DR STE 100-200**
DURHAM, NC 27707

Reported Facility Status

Generator Status..... 2
 (1 = Large Quantity Generator, 2 = Small Quantity Generator, 3 = Conditionally Exempt Small Quantity Generator, N or blank = Not a generator)
 Transporter..... NO
 Treater NO
 Storer..... NO
 Disposer..... NO

| INVOICE | INVOICE | INVOICE | INVOICE | INVOICE | INVOICE |
|---|-------------|-----------------|-----------------|---------|---------|
| CATEGORY | FEE | FACILITY STATUS | AMOUNT DUE | | |
| Large Quantity Generator | \$ 500 | | | | |
| Small Quantity Generator | \$ 25 | YES | 25 | | |
| Transporter | \$ 600 | | | | |
| Treater | \$ 1200 | | | | |
| Storer | \$ 1200 | | | | |
| Disposer | \$ 1200 | | | | |
| Amount Past Due | | | | | |
| Generator Fee (Based on the 1999 HW Report) | \$ 0.50/Ton | Tons | \$ 0.00 | | |
| TOTAL AMOUNT DUE | | | \$ 25.00 | | |

Return the completed Waste Minimization Form and submit payment no later than November 30, 2000 to:

North Carolina Division of Waste Management
 Hazardous Waste Section
 ATT: Jim Edwards
 1646 Mail Service Center
 Raleigh, NC 27699-1646

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NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF WASTE MANAGEMENT

September 22, 2000

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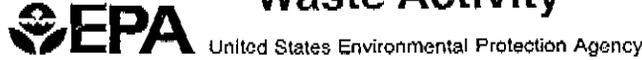
Jill Burton, Acting Chief
North Carolina Hazardous Waste Section
(over)



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Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 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



Date Received
(For Official Use Only)

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

| | | |
|--|--|--|
| <input type="checkbox"/> A. Initial Notification | <input checked="" type="checkbox"/> B. Subsequent Notification <i>(Complete item C)</i> | C. Installation's EPA ID Number |
| | | N C R 0 0 0 0 1 0 3 7 1 |

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

T r i m e r i s I n c .

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

Street

4 7 2 7 U n i v e r s i t y D r .

Street (Continued)

City or Town

D u r h a m

State Zip Code

N C 2 7 7 0 7 - 3 4 5 8

County Code County Name

 D u r h a m

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

S a m e

City or Town

 -

State Zip Code

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

Name (Last) (First)

M c K e e m a n C h r i s

Job Title Phone Number (Area Code and Number)

M a n a g e r E H S 9 1 9 - 4 1 9 - 6 0 5 0

VI. Installation Contact Address (See instructions)

A. Contact Address Location Mailing B. Street or P.O. Box

City or Town

 -

State Zip Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

T r i m e r i s I n c .

Street, P.O. Box, or Route Number

4 7 2 7 U n i v e r s i t y D r .

City or Town

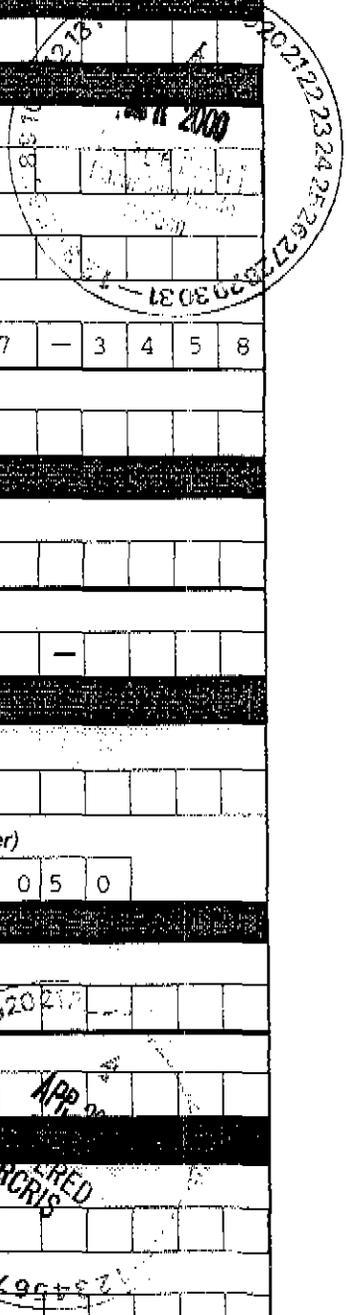
D u r h a m

State Zip Code

N C 2 7 7 0 7 - 3 4 5 8

Phone Number (Area Code and Number) B. Land Type C. Owner Type D. Change of Owner Indicator Date Changed

9 1 9 - 4 1 9 - 6 0 5 0 P P Yes No Month Day Year



2025 12 24

2025 12 24

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

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

| A. Hazardous Waste Activities | | C. Used Oil Management Activities |
|--|--|---|
| 1. Generator (See Instructions) <input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220-2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste 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, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions. 4. Exempt Boiler and/or Industrial Furnace <input type="checkbox"/> a. Smelting, Melting, and Refining Furnace Exemption <input type="checkbox"/> b. Small Quantity On-Site Burner Exemption <input type="checkbox"/> 5. Underground Injection Control | 1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility 2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Processor <input type="checkbox"/> b. Re-refiner <input type="checkbox"/> 3. Off-Specification Used Oil Burner 4. Used Oil Fuel Marketer <input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications |
| B. Universal Waste Activity | | |
| <input type="checkbox"/> Large Quantity Handler of Universal Waste | | |

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

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

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

B. 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; See Instructions if you need to list more than 4 toxicity characteristic waste codes)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

| | | | |
|--|--|---|---|
| 1. Ignitable (D001) <input checked="" type="checkbox"/> | 2. Corrosive (D002) <input checked="" type="checkbox"/> | 3. Reactive (D003) <input checked="" type="checkbox"/> | 4. Toxicity Characteristic <input checked="" type="checkbox"/> |
| 1 D 0 0 9 | 2 D 0 1 1 | 3 D 0 2 2 | 4 |

C. Other Wastes. (State-regulated 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) Chris D. McKeeman Manager, Environmental Health & Safety | Date Signed 4-14-00 |
|---------------|--|------------------------|

XI. Comments

Property Owner: Rivercrest Realty Investors
100 Sawmill Rd., Suite 200, Raleigh, NC 27615 (919-846-5173)

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

