N.C. DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES
DIVISION OF SOLID WASTE
HAZARDOUS WASTE SECTION

Circle one:
G, I, P, GW, C, E

FILE DOCKET

DATE	ITEM
(1) 2.17.94	Notifier
(2) 3.22.94	Status Letter (ESDG)
(3) 12.27.01	Notification Report — Name change

HAZARDOUS WASTE SECTION (Review 8/93)

G- General, I- Inspections
P- Permits, GW- Ground Water
C- Closure E-Enforcement

Purpose: The attached form will be used as a file folder docket. EPA have requested that we list the content of each file folder docket will be used to provide a folder content list.

Preparation: This form will be completed by the Section file clerk. It identifies what document it is -- a letter, a report, a memo, etc. Filing is by date with the last entry on the top of the file folder and the bottom of the file docket.

Disposition: This form may be destroyed in accordance with the Solid Waste Management Division Section of the Records Disposition Schedule published by the North Carolina Division of Archives and History.

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0020 Expires 12/31/02
GSA No. 0246-EPA-01

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

EPA United States Environmental Protection Agency

Date Received (For Official Use Only)

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

[ ] A. Initial Notification [X] B. Subsequent Notification *(Complete item C)*

C. Installation's EPA ID Number: N C 0 0 0 0 1 4 5 2 9 2

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

TRIPATH IMAGING INC.

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

Street: 780 PLANTATION DRIVE

Street *(Continued)*:

City or Town: BURLINGTON | State: NC | Zip Code: 27215 –

County Code: | County Name: ALAMANCE

IV. Installation Mailing Address *(See instructions)*

Street or P.O. Box: SAME

City or Town: | State: | Zip Code: –

2001 DEC

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

Name *(Last)*: ENZ | *(First)*: CHUCK

Job Title: MFG. SUPERVISOR | Phone Number *(Area Code and Number)*: 336 – 290 – 8217

VI. Installation Contact Address *(See instructions)*

A. Contact Address: Location [X] Mailing [ ]

B. Street or P.O. Box:

City or Town: | State: | Zip Code: –

VII. Ownership *(See instructions)*

A. Name of Installation's Legal Owner: TRIPATH IMAGING CORP.

Street, P.O. Box, or Route Number: 780 PLANTATION DRIVE

City or Town: BURLINGTON | State: NC | Zip Code: 27215 –

Phone Number *(Area Code and Number)*: 336 – 290 – 8743

B. Land Type: P

C. Owner Type: P

D. Change of Owner Indicator: Yes [ ] No [X]

Date Changed: Month | Day | Year

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

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GSA No. 0246-EPA-OT

ID - For Official Use Only

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

A. Hazardous Waste Activities

1. Generator (See Instructions)
   - [ ] a. Greater than 1000kg/mo (2,200 lbs.)
   - [ ] b. 100 to 1000 kg/mo (220-2,200 lbs.)
   - [X] c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - [ ] a. For own waste only
   - [ ] b. For commercial purposes

Mode of Transportation
- [ ] 1. Air
- [ ] 2. Rail
- [X] 3. Highway
- [ ] 4. Water
- [ ] *5. Other - specify*

3. [ ] Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Exempt Boiler and/or Industrial Furnace
   - [ ] a. Smelting, Melting, and Refining Furnace Exemption
   - [ ] b. Small Quantity On-Site Burner Exemption
5. [ ] Underground Injection Control

B. Universal Waste Activity

[ ] Large Quantity Handler of Universal Waste

C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
   - [ ] a. Transporter
   - [ ] b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
   - [ ] a. Processor
   - [ ] b. Re-refiner
3. [ ] Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
   - [ ] a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
   - [ ] b. Marketer Who First Claims the Used Oil Meets the Specifications

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	2	3	4	5	6
7	8	9	10	11	12

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.)*

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)) 1	2	3	4
X							

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)*	Date Signed
Charles Eng	Test Kit MFG. Supervisor	

XI. Comments

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