



North Carolina Department of Environment and Natural Resources  
Division of Waste Management

Beverly Eaves Perdue  
Governor

Dexter R. Matthews  
Director

Dee Freeman  
Secretary

4/21/2009

TODD NANCE  
B D DIAGNOSTICS - TRIPATH  
780 PLANTATION DR  
BURLINGTON, NC 27215

RE: SUBSEQUENT NOTIFICATION  
EPA ID # NC0000145292  
B D DIAGNOSTICS - TRIPATH

Dear Facility Contact:

The North Carolina Hazardous Waste Section has received a Subsequent Notification from your facility. Our office has accepted and processed the changes as noted. Attached is a RCRA Site Detail Report for your review to ensure that the information is accurate.

Please notify our office if additional changes need to be made. If you have any questions or need additional assistance, please call Larry Wilson at (919) 508-8569.

Sincerely,

Elizabeth W. Cannon, Chief  
Hazardous Waste Section  
Attachment

cc: Central Files

AM - RCRA Site Detail

Report run on: April 21, 2009

0000145292 B D DIAGNOSTICS - TRIPATH

City: ALAMANCE Source Type: S Seq. Number: 3 Receive Date: 06-Apr-2009

Address: 780 PLANTATION DR  
BURLINGTON, NC 27215

Mailing Address: 780 PLANTATION DR  
BURLINGTON, NC 27215

Contact Person: TODD NANCE  
Source Information: (336) 290-8315

780 PLANTATION DR  
BURLINGTON, NC 27215  
US

Owner (current):  
TRIPATH IMAGING CORP

780 PLANTATION DR  
BURLINGTON, NC 27215

Type: P  
Phone: (336) 290-8743

Generator (current):  
DIAGNOSTICS TRIPATH

To:

Type: P  
Phone:

Date: 12/21/2006

Type: P Non Notifier: E  
Possibility: No. Employees:

Commercial Availability: U Tsd Date:  
State District:

Regulated Waste Activities

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

Transfer Facility:	U	Used Oil Activities		
Hazardous Waste Generator Activities		Used Oil Transport Activity		Off-Specification Used Oil Burner: No
Transporter Activity:	No	Transporter:	No	Used Oil Fuel Marketer Activity
Fixed 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
Processor Activity:	No	Processor:	No	
		Refiner:	No	
Capt Boiler and/or Industrial Furnace				
Large Quantity Onsite Burner Exemption:	No	Underground Injection Control:	No	Destination Facility for Universal Waste: No
Melting, melting, Refining Furnace Exemption:	No			



ATTENTION: ACCOUNTS PAYABLE  
 B D DIAGNOSTICS - TRIPATH  
 780 PLANTATION DR  
 BURLINGTON, NC 27215

**FACILITY LOCATION ADDRESS:**

TODD NANCE  
 B D DIAGNOSTICS - TRIPATH  
 780 PLANTATION DR  
 BURLINGTON NC 27215

Facility EPA ID #	INVOICE NUMBER	INVOICE DATE	Amount Due	Due Date	Show Amount Paid
NC0000145292	HW46793	4/21/2009	\$ 1,000.00	5/21/2009	

**A. Fee Requirements:** Pursuant to North Carolina General Statute 130A-294.1 you are required to pay fee(s) based on your hazardous waste management activities. The fee(s) are used to support government programs that ensure the safe management of hazardous waste. Failure to pay the required hazardous waste fee could result in an enforcement action with a penalty.

**B. Explanation of Invoice Amount is Based on Facility's Current Status:**

FACILITY STATUS	FEE	TONNAGE	AMOUNT DUE
LARGE QUANTITY GENERATOR	\$1000.00	-----	\$1,000.00
		PAST DUE	\$0.00
		CREDIT	\$0.00
		<b>TOTAL AMOUNT DUE</b>	<b>\$1,000.00</b>

**C. Remit Payment (including copy of this invoice):**

Make checks payable to **N.C. Hazardous Waste Section**, include **EPA ID#** and **Invoice #** on check. If you are paying by electronic transfer, include the invoice number with your electronic transfer. [G.S. 25-3-506: A \$25.00 processing fee will be charged on all returned checks.] Please return a copy of this invoice with your payment to:

**ATTN: PHILLYSTINE SPINKS**  
**NC HAZARDOUS WASTE SECTION**  
**401 OBERLIN RD, SUITE 150**  
**RALEIGH, NC 27605**

**D. Hazardous Waste Contacts:**

1. Questions about billing process:

Phillystine Spinks at (919) 508-8561  
 Larry Wilson at (919) 508-8569  
 Tricia Davalos at (919) 508-8541

2. Questions about the Regulations and Technical Assistance:

Doug Roberts at (919)508-8560 or Douglas.Roberts@ncmail.net  
 Ann Preston at (919) 508-8559 or Ann.Preston@ncmail.net  
 Lebeed Kady at (919)508-8546 or Lebeed.Kady@ncmail.net



United States Environmental Protection Agency



RCRA SUBTITLE C SITE IDENTIFICATION FORM

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.

1. Reason for Submittal (See instructions on page 13.)

Reason for Submittal:

- To provide Initial Notification of Regulated Waste Activity...
To provide Subsequent Notification of Regulated Waste Activity...
As a component of a First RCRA Hazardous Waste Part A Permit Application...
As a component of a Revised RCRA Hazardous Waste Part A Permit Application...
As a component of the Hazardous Waste Report

MARK ALL BOX(ES) THAT APPLY

2. Site EPA ID Number (page 14)

EPA ID Number: N1C010001145292

3. Site Name (page 14)

Name: BD Diagnostics, TriPath

4. Site Location Information (page 14)

Street Address: 780 Plantation Drive
City, Town, or Village: Burlington
County Name: Alamance

State: NC
Zip Code: 27215

5. Site Land Type (page 14)

Site Land Type: [X] Private [ ] County [ ] District [ ] Federal [ ] Indian [ ] Municipal [ ] State [ ] Other

6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)

A. 339111 B. 334516
C. D.

7. Site Mailing Address (page 15)

Street or P. O. Box: 780 Plantation Drive
City, Town, or Village: Burlington
State: NC
Country: USA
Zip Code: 27215

8. Site Contact Person (page 15)

First Name: Todd MI: M Last Name: Nance
Phone Number: 336 290 8315 Extension: Email address: todd\_nance@bd.com
Date Became Operator (mm/dd/yyyy): 12/21/06

9. Operator and Legal Owner of the Site (pages 15 and 16)

A. Name of Site's Operator: BD
Operator Type: [X] Private [ ] County [ ] District [ ] Federal [ ] Indian [ ] Municipal [ ] State [ ] Other
B. Name of Site's Legal Owner: Carolina Hoisery Mill
Date Became Owner (mm/dd/yyyy): 1983
Owner Type: [X] Private [ ] County [ ] District [ ] Federal [ ] Indian [ ] Municipal [ ] State [ ] Other

ENTERED APR 21 2009 I-BEAM

RCRA INFORMATION ENTERED

EPA ID NO: NC0000145292

OMB#: 2050-0028 Expires 06/30/2009

9. Legal Owner  
(Continued)  
Address

Street or P. O. Box: PO Drawer 850  
City, Town, or Village: Burlington  
State: NC  
Country: USA

Zip Code: 27216-0850

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

1. Generator of Hazardous Waste  
If "Yes", choose only one of the following - a, b, or c.

- a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
- b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

- d. United States Importer of Hazardous Waste
- e. Mixed Waste (hazardous and radioactive) Generator

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste mark all boxes that apply:

	<u>Manage</u>
a. Batteries	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>
c. Mercury containing equipment	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>
e. Other (specify)	<input type="checkbox"/>
f. Other (specify)	<input type="checkbox"/>
g. Other (specify)	<input type="checkbox"/>

2. Destination Facility for Universal Waste  
Note: A hazardous waste permit may be required for this activity.

2. Transporter of Hazardous Waste

3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.

4. Recycler of Hazardous Waste (at your site)

5. Exempt Boiler and/or Industrial Furnace  
If "Yes", mark each that applies.  
 a. Small Quantity On-site Burner Exemption  
 b. Smelting, Melting, and Refining

6. Underground Injection Control

C. Used Oil Activities

Mark all boxes that apply.

1. Used Oil Transporter  
If "Yes", mark each that applies.  
 a. Transporter  
 b. Transfer Facility

2. Used Oil Processor and/or Re-refiner  
If "Yes", mark each that applies.  
 a. Processor  
 b. Re-refiner

3. Off-Specification Used Oil Burner

4. Used Oil Fuel Marketer  
If "Yes", mark each that applies.  
 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

11. Description of Hazardous Wastes (See instructions on page 21.)

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 F003 F005

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 for waste codes.

12. Comments (See instructions on page 21.)

- 1. update to LQG status due to validation waste. we expect to go back to SQG status next month
- 2. Change Contact Information

13. 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. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

Signature of operator, owner, or an authorized representative

Name and Official Title (type or print)

Date Signed (mm/dd/yyyy)



STEVE MUMA VP Mfg Ops

03/31/2009

BD Diagnostics  
Diagnostic Systems, TriPath  
780 Plantation Drive  
Burlington, NC 27215  
USA  
tel: 336.222.9707  
toll free: 800.426.2176  
fax: 336.222.8819



Helping all people  
live healthy lives

April 1, 2009

North Carolina Division of Waste Management  
1646 Mail Service Center  
Raleigh NC 27699-1646

RE: Generator Status for BD Diagnostics – TriPath NC0000145292

Dear Sir,

Please find enclosed the completed form – RCRA SUBTITLE C SITE IDENTIFICATION FORM for the BD Diagnostic TriPath facility located at 780 Plantation Drive, Burlington. NC. The purpose for the submission is to revise our status from a small quantity generator to a large quantity generator status and update our contact information.

We recently exceeded the limit for small quantity generator status due to a validation error which resulted in a lot of material that could not be used. We expect to go back to a small quantity generator status in April. I will follow up at that time.

If there are any questions, please contact me at 336-290-8315. Thank you for your assistance in this matter.

Respectfully,

A handwritten signature in black ink that reads "Todd M. Nance".

Todd M. Nance, CIH,CSP  
Sr. Environmental Health and Safety Specialist

CC File.