

File Room Document Transmittal Sheet

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Your Name: MEL DEAVER  
EPA ID: NCR000153521  
Facility Name: SEQUENOM CENTER FOR MOLECULAR MEDICINE  
Document Group: General (G)  
Document Type: Notification 8700 (8700)  
Description:  
Date of Doc: 4/19/2016  
Author of Doc: LANA THURMAN

**File Room Use Only**

Date Recieved by File Room:

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5	23	16

NCR000153521

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**Waste Management**  
ENVIRONMENTAL QUALITY

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MICHAEL SCOTT

*Director*

May 06, 2016

LANA THURMAN  
SEQUENOM CENTER FOR MOLECULAR MEDICINE  
3595 JOHN HOPKINS COURT  
SAN DIEGO, CA 92121

**RE: EPA ID # NCR000156521 - SEQUENOM CENTER FOR MOLECULAR MEDICINE**

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: May 06, 2016

**NCR000156521 SEQUENOM CENTER FOR MOLECULAR MEDICINE**

County: WAKE Source Type: S Seq. Number: 21 Receive Date: 19-Apr-2016

**Location** 7010 KIT CREEK RD  
**Address:** MORRISVILLE, NC 27709

**Mailing** PO BOX 110315  
**Address:** DURHAM, NC 27709

**Contact Person** LANA THURMAN 3595 JOHN HOPKINS COURT  
 For Source (858) 202-9279 SAN DIEGO, CA 92121  
 Information US

**Owner (current)** PO BOX 13329  
 ALEXDANDRIA REAL ESTATE-7030 KIT CREEK RTP, NC 27709 Type: P  
 From: 07/01/2000 To: Phone: (919) 993-3420

**Operator (current)** 7010 KIT CREEK RD  
 SEQUENOM CENTER FOR MOLECULAR MEDICINE MORRISVILLE, NC 27709 Type: P  
 From: 07/31/2012 To: Phone:

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

## Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Not a Generator; State: Not a Generator

Transfer Facility:

### 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	
Transporter Activity: No	Used Oil Processor and/or	off-specification used oil burner:	No
TSD Activity: No	Re-refiner Activity	Marketer who first claims the used	
Recycler Activity: No	Processor: No	oil meets the specifications:	No
	Refiner: No		
Exempt Boiler and/or Industrial Furnace	Underground	Destination Facility for	
Small Quantity Onsite Burner Exemption: No	Injection Control: No	Universal Waste:	No
Smelting, melting, Refining Furnace			
Exemption: No			

## Certification Information

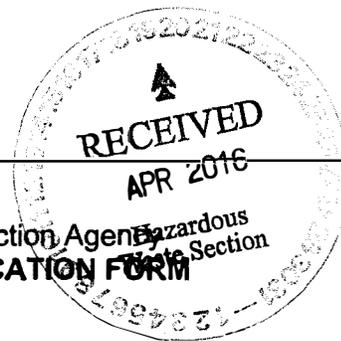
First Name : LANA Title SR DIR  
 Last Name : THURMAN Date Signed 04/19/2016

## NAICS Codes

621511

## Comments

UPDATED 8700-12 DATED 4/19/2016 LEGAL OWNER INFOR, SITE CONTACT PERSON ADDRESS.  
 MD 5/5/2016



<p><b>SEND COMPLETED FORM TO:</b> The Appropriate State or Regional Office.</p>	<p><b>United States Environmental Protection Agency Hazardous Waste Section</b> <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b></p>		
<p><b>1. Reason for Submittal</b></p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p><b>Reason for Submittal:</b></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 &gt;1,000 kg of hazardous waste, &gt;1 kg of acute hazardous waste, or &gt;100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)</p>		
<p><b>2. Site EPA ID Number</b></p>	<p>EPA ID Number <input type="text" value="N"/><input type="text" value="C"/><input type="text" value="R"/><input type="text" value="0"/><input type="text" value="0"/><input type="text" value="0"/><input type="text" value="1"/><input type="text" value="5"/><input type="text" value="6"/><input type="text" value="5"/><input type="text" value="2"/><input type="text" value="1"/></p>		
<p><b>3. Site Name</b></p>	<p>Name: Sequenom Center for Molecular Medicine</p>		
<p><b>4. Site Location Information</b></p>	<p>Street Address: 7010 Kit Creek Road</p> <p>City, Town, or Village: Morrisville County: Durham</p> <p>State: NC Country: US Zip Code: 27709</p>		
<p><b>5. Site Land Type</b></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><b>6. NAICS Code(s) for the Site (at least 5-digit codes)</b></p>	<p>A. <input type="text" value="6"/><input type="text" value="2"/><input type="text" value="1"/><input type="text" value="5"/><input type="text" value="1"/><input type="text" value="1"/></p> <p>B. <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p> <p>C. <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p> <p>D. <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p>		
<p><b>7. Site Mailing Address</b></p>	<p>Street or P.O. Box: Site: 7010 Kit Creek Road, Morrisville, NC - Mailing address: PO Box 110315,</p> <p>City, Town, or Village: Durham</p> <p>State: NC Country: US Zip Code: 27709</p>		
<p><b>8. Site Contact Person</b></p>	<p>First Name: Lana MI: Last: Thurman</p> <p>Title: Sr. Director, Purchasing and Facilities</p> <p>Street or P.O. Box: 3595 John Hopkins Court</p> <p>City, Town or Village: San Diego</p> <p>State: CA Country: US Zip Code: 92121</p> <p>Email: lthurman@sequenom.com</p> <p>Phone: 858-202-9279 Ext.: Fax: 858-202-9205</p>		
<p><b>9. Legal Owner and Operator of the Site</b></p>	<p>A. Name of Site's Legal Owner: Alexandria Real Estate-7030 Kit Creek, LLC Date Became Owner: 7-2000</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: PO BOX 13329</p> <p>City, Town, or Village: Research Triangle Park Phone: 919-339-3420</p> <p>State: NC Country: US Zip Code: 27709</p> <p>B. Name of Site's Operator: Sequenom Center for Molecular Medicine Date Became Operator: 7/31/2012</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>		

**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.


**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.


**12. Notification of Hazardous Secondary Material (HSM) Activity**

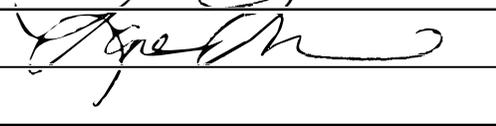
Y  N  Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

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

**13. Comments**

Sequenom Center for Molecular Medicine stopped managing hazardous secondary materials effective April 10, 2016.

**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)
	Lana Thurman, Sr Director Purchasing ar	04/19/2016

**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.**

- Y  N  **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.

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

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

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

- Y  N  **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) \_\_\_\_\_
- Y  N  **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.**

- Y  N  **1. Used Oil Transporter**  
 If "Yes," mark all that apply.
- a. Transporter
- b. Transfer Facility (at your site)
- Y  N  **2. Used Oil Processor and/or Re-refiner**  
 If "Yes," mark all that apply.
- a. Processor
- b. Re-refiner
- Y  N  **3. Off-Specification Used Oil Burner**
- Y  N  **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