

Hazardous Waste Section
File Room Document Transmittal Sheet

Your Name: BARBARA RYAN
EPA ID: NCR000159343
Facility Name: NEUSENTIS (PFIZER)
Document Group: General (G)
Document Type: Hazardous Waste Report (HWR)
Description: 2015 B-REPORT
Date of Doc: 2/12/2016
Author of Doc: JOHN P. HERALDO, CIH

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Hazardous Waste Section



United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM

<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 checked="" type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</p> <p><input checked="" type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, >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> N C R 0 0 0 1 5 9 3 4 3 </u></p>		
<p>3. Site Name</p>	<p>Name: Neusentis (Pfizer)</p>		
<p>4. Site Location Information</p>	<p>Street Address: 4222 Emperor Blvd. Suite 390</p> <p>City, Town, or Village: Durham County: Durham</p> <p>State: North Carolina Country: United States of America Zip Code: 27703</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> 3 2 5 4 1 2 </u></p>	<p>C. <u> </u></p>	<p>B. <u> </u></p> <p>D. <u> </u></p>
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: 4222 Emperor Blvd. Suite 335</p> <p>City, Town, or Village: Durham</p> <p>State: North Carolina Country: United States of America Zip Code: 27703</p>		
<p>8. Site Contact Person</p>	<p>First Name: John MI: P Last: Heraldo</p> <p>Title: Sr. Risk Manager, Risk Management Services</p> <p>Street or P.O. Box: P.O. Box 26609</p> <p>City, Town or Village: Richmond</p> <p>State: Virginia Country: United States of America Zip Code: 23261</p> <p>Email: john.heraldo@pfizer.com</p> <p>Phone: 804-257-2362 Ext.: Fax: 804-257-2670</p>		
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: Durham Royal Center, LLC</p>		<p>Date Became Owner: 02/26/2014</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: 260 Franklin Street, Ste. 1520</p>		
	<p>City, Town, or Village: Boston</p>		<p>Phone:</p>
	<p>State: MA Country: United States of America</p>		<p>Zip Code: 02110</p>
	<p>B. Name of Site's Operator: Pfizer</p>		<p>Date Became Operator: 08/03/2011</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.

- 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

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	D002	D003	D022	D011	D009	D008
F003	F002	F005	F001	P001	P023	P121
P075	P022	P101	P106	P029	P105	P069
P068	P014	P030	P026	P002	P008	P027
P087	P093	U001	U117	U003	U019	U031
U076	U154	U220	U108	U196	U213	U404
P022	U044	U070	U080	U204	U210	U211
U123	U046	U067	U138	U041	U012	U144
U149	U170	U188	U219	U147	U190	U115

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.

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

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See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- a. College or University
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- 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.

U006	U092	U156	U052	U081	U039	U044
U082	U030	U101	U201	U353	U133	U134
U011	U131	U218	U240	U135	U189	D007
D038	U020	F027	D042			

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.

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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

The Pfizer Neusentis site was sold to XRPro Sciences on July 1, 2015. Upon reviewing the hazwaste reports at the end of the year, it was determined that during decommissioning there was a one-time overage of hazwaste disposal/generation from SQG to LQG. The overage amounted to 346lbs, and was a one-time event. After July 2015, the site stayed below LQG limits through the final disposal of Hazwaste in November 2015. Pfizer's portion of the site no longer generates hazwaste.

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)
	John P. Heraldo, CIH	02/12/2016

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