



July 15, 2016

Ms. Dianne Thomas
REC Program
NCDEQ, DWM – Superfund Section
Inactive Hazardous Sites Branch
217 West Jones Street
Raleigh, North Carolina 27603

Reference: **PROGRESS REPORT SECOND QUARTER 2016
FORMER US EPA ENVIRONMENTAL RESEARCH CENTER
RESEARCH TRIANGLE PARK, DURHAM COUNTY, NORTH CAROLINA
SITE ID NO. NC6680090002**

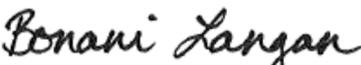
Dear Ms. Thomas:

On behalf of the United States Environmental Protection Agency (US EPA) and Triangle Life Science, LLC (TLS), Amec Foster Wheeler Environment & Infrastructure, Inc. (Amec Foster Wheeler) has prepared this Second Quarter 2016 progress report according to the Registered Environmental Consultant (REC) Program requirements and Administrative Agreement (AA) between the US EPA/TLS and the North Carolina Department of Environmental Quality (NCDEQ) dated June 3, 2014.

During the second quarter of 2016, Amec Foster Wheeler performed an additional groundwater monitoring event as part of the Remedial Investigation (RI). The analytical data is currently being compiled and evaluated and will be included in the RI Report. The RI Report will be submitted during the next quarter.

The execution of the work under this agreement is proceeding in a manner to meet the deadlines referenced in the AA. The required certification statements are attached to this letter. Should you have any questions or need additional information, please do not hesitate to contact me at (919) 381-9900.

Respectfully Submitted,
Amec Foster Wheeler Environment & Infrastructure, Inc.


Bonani S. Langan, PE
Project Manager


James A. Bennett, PG, RSM
Associate Hydrogeologist

Cc: Mr. Tim Watkins – US EPA National Exposure Research Laboratory
Ms Cara Lucas- US EPA National Exposure Research Laboratory
Mr. Eric Johnson – Triangle Life Science, LLC

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IHSB SITE NAME US EPA Tech Center Site

DATE & NAME OF DOCUMENT July 2016 Quarterly Progress Report #NC 6680090002

TYPE OF SUBMITTAL (circle all that apply): Report, Work plan, Work Phase Comp. Statement, Schedule Change

REMEDIATING PARTY DOCUMENT CERTIFICATION STATEMENT (.0306(B)(2))

"I certify under penalty of law that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material and information contained herein is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for willfully submitting false, inaccurate or incomplete information."

Timothy H. Watkins, US EPA

Name of Remediating Party

[Handwritten Signature]

Signature of Remediating Party

7/14/16

Date

NOTARIZATION

NC (Enter State)

DURHAM COUNTY

I, MICHAEL H. DAVIS, a Notary Public of said County and State, do hereby certify that TIMOTHY H. WATKINS did personally appear and sign before me this day, produced proper identification in the form of FEDERAL ID, was duly sworn or affirmed, and declared that, to the best of his or her knowledge and belief, after thorough investigation, the information contained in the above certification is true and accurate, and he or she then signed this Certification in my presence.

WITNESS my hand and official seal this 14th day of JULY 2016

[Handwritten Signature]
Notary Public (signature)



My commission expires: 10/11/16

IHSB SITE NAME US EPA Tech Center Site

DATE & NAME OF DOCUMENT July 2016 Quarterly Progress Report #NC 6680090002

TYPE OF SUBMITTAL (circle all that apply): Report, Work plan, Work Phase Comp. Statement, Schedule Change

REMEDIATING PARTY DOCUMENT CERTIFICATION STATEMENT (.0306(B)(2))

"I certify under penalty of law that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material and information contained herein is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for willfully submitting false, inaccurate or incomplete information."

Triangle Life Sciences, LLC
Name of Remediating Party

By: Crail Capital, LLC, Manager


Signature of Remediating Party

7/7/16
Date

Eric C. Johnson, CEO

NOTARIZATION

____ (Enter State)

____ COUNTY

I, _____, a Notary Public of said County and State, do hereby certify that _____ did personally appear and sign before me this day, produced proper identification in the form of _____, was duly sworn or affirmed, and declared that, to the best of his or her knowledge and belief, after thorough investigation, the information contained in the above certification is true and accurate, and he or she then signed this Certification in my presence.

WITNESS my hand and official seal this ____ day of _____

Notary Public (signature)

(OFFICIAL SEAL)

My commission expires: _____.

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

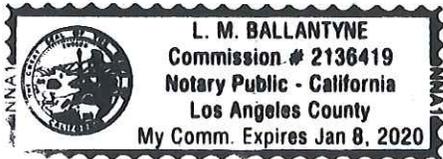
1 To the best of my knowledge and belief, after thorough
 2 investigation, the information contained in the above
 3 certification is true and accurate.
 4 _____
 5 _____
 6 _____

_____ *Signature of Document Signer No. 1* _____ *Signature of Document Signer No. 2 (if any)*

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
 County of Los Angeles

Subscribed and sworn to (or affirmed) before me
 on this 7th day of July, 2016,
 by _____
 Date Month Year
 (1) Eric C. Johnson



(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature *L. M. Ballantyne*
Signature of Notary Public

Seal
 Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: July 2016 Quarterly Progress Report Document Date: _____
 Number of Pages: 2 Signer(s) Other Than Named Above: —

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

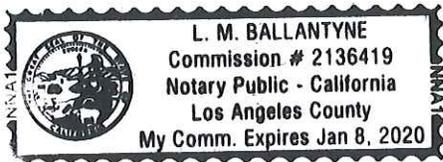
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Los Angeles)
On July 7, 2016 before me, L. M. Ballantyne, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Eric C. Johnson
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Handwritten Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: July 2016 Quarterly Progress Report Document Date:
Number of Pages: 2 Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer(s)

Signer's Name: Eric C. Johnson
[] Corporate Officer - Title(s):
[] Partner - [] Limited [] General
[] Individual [] Attorney in Fact
[] Trustee [] Guardian or Conservator
[X] Other: Chief Executive Officer
Signer Is Representing: Crail Capital LLC, Manager of Triangle Life Science LLC

Signer's Name:
[] Corporate Officer - Title(s):
[] Partner - [] Limited [] General
[] Individual [] Attorney in Fact
[] Trustee [] Guardian or Conservator
[] Other:
Signer Is Representing:

IHSB SITE NAME US EPA Tech Center Site
DATE & NAME OF DOCUMENT July 2016 Quarterly Progress Report #NC 668009000
TYPE OF SUBMITTAL (circle all that apply): Report Work plan, Work Phase Comp. Statement, Schedule Change

REGISTERED SITE MANAGER CERTIFICATION OF SIGNATURES

As the Registered Environmental Consultant for the Site for which this filing is made, I certify that the signatures included herewith are genuine and authentic original handwritten signatures and/or true, accurate, and complete copies of the genuine and authentic original handwritten signatures of the persons who purport to sign for this filing. I further certify that I have collected through reliable means the originals and/or copies of said signatures from the persons authorized to sign for this filing who, in fact, signed the originals thereof. Those persons and I understand and agree that any copies of signatures have the same legally binding effect as original handwritten signatures, and I certify that any person for whom I am submitting a copy of their signature has provided me with their express consent to submit said copy. Additionally, I certify that I am authorized to attest to the genuineness and authenticity of the signatures, both originals and any copies, being submitted herewith and that by signing below, I do in fact attest to the genuineness and authenticity of all the signatures, both originals and copies, being submitted for this filing.

James A. Bennett

Name of Registered Site Manager

James A. Bennett
Signature of Registered Site Manager

7-15-16
Date

REGISTERED SITE MANAGER DOCUMENT CERTIFICATION STATEMENT (.0306(b)(1))

"I certify under penalty of law that I am personally familiar with the information contained in this submittal, including any and all supporting documents accompanying this certification, and that the material and information contained herein is, to the best of my knowledge and belief, true, accurate and complete and complies with the Inactive Hazardous Sites Response Act N.C.G.S. 130A-310, et seq, and the remedial action program Rules 15A NCAC 13C .0300. I am aware that there are significant penalties for willfully submitting false, inaccurate or incomplete information."

James A. Bennett

Name of Registered Site Manager

James A. Bennett
Signature of Registered Site Manager

7-15-16
Date

NOTARIZATION

North Carolina (Enter State)

Durham COUNTY

I, Juanita F. Collins, a Notary Public of said County and State, do hereby certify that James A. Bennett did personally appear and sign before me this day, produced proper identification in the form of Dir. License - North Carolina, was duly sworn or affirmed, and declared that, he or she is the duly authorized environmental consultant of the remediating party of the property referenced above and that, to the best of his or her knowledge and belief, after thorough investigation, the information contained in the above certifications is true and accurate, and he or she then signed these Certifications in my presence.

WITNESS my hand and official seal this 15th day of July, 2016.

Juanita F. Collins
Notary Public (signature)

(OFFICIAL SEAL)

My commission expires: 01/27/2020.

**Juanita F. Collins
Notary Public
County of Durham, NC**