

File Room Document Transmittal Sheet

Your Name: BARBARA RYAN
EPA ID: NCR000159343
Facility Name: NEUSENTIS (PFIZER)
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 8/5/2016
Author of Doc: JOHN HERALDO

File Room Use Only

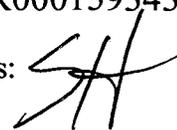
Date Recieved by File Room:

Date Scanned:

Month	Day	Year
9	13	16

NCR000159343

Scanner's Initials:





PAT MCCRORY
Governor

DONALD R. VAN DER VAART
Secretary

MICHAEL SCOTT
Director

August 22, 2016

JOHN HERALDO
NEUSENTIS (PFIZER)
PO BOX 26609
RICHMOND, VA 23261

RE: EPA ID # NCR000159343 - NEUSENTIS (PFIZER)

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: August 22, 2016

NCR000159343 NEUSENTIS (PFIZER)

County: DURHAM Source Type: S Seq. Number: 46 Receive Date: 05-Aug-2016

Location 4222 EMPEROR BLVD STE 390 Address: DURHAM, NC 27703	Mailing 4222 EMPEROR BLVD STE 335 Address: DURHAM, NC 27703
-------------------------------------------------------------------------------	------------------------------------------------------------------------------

Contact Person JOHN HERALDO For Source Information (804) 257-2362	PO BOX 26609 RICHMOND, VA 23261 US
-----------------------------------------------------------------------------	------------------------------------------

Owner (current) DURHAM ROYAL CENTER, LLC	260 FRANKLIN ST STE 1520 BOSTON, MA 02110	Type: P
----------------------------------------------------	----------------------------------------------	---------

From: 02/26/2014	To:	Phone:
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Operator (current) PFIZER		Type: P
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From: 08/03/2011	To:	Phone:
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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 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
TSD Activity: No	Processor: No		
Recycler Activity: No	Refiner: No		
Exempt Boiler and/or Industrial Furnace	Underground Injection Control:	Destination Facility for Universal Waste:	No
Small Quantity Onsite Burner Exemption: No			
Smelting, melting, Refining Furnace Exemption: No			

Certification Information

First Name : JOHN	Title	CIH
Last Name : HERALDO	Date Signed	08/05/2016

NAICS Codes

325412

Comments

PER 8700-12 DATED 8/5/2016 UPDATED STATUS FROM A GENERATOR TO NOT A GENERATOR. THE LAST PICK UP FOR THIS SITE AS AN SQG WAS NOVEMBER 2015. THE SITE IS NO LONGER OPERATING OR PRODUCING HAZWASTE AND IS CURRENTLY VACANT. BR 8/22/2016

Status Change

RECEIVED
AUG 2016

OMB# 2050-0024; Expires 01/31/2017

<p>SEND COMPLETED FORM TO: The Appropriate State or Regional Office.</p>	<p align="center">United States Environmental Protection Agency RCP SUBTITLE C SITE IDENTIFICATION FORM</p>		
<p>1. Reason for Submittal</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for</p> <p><input type="checkbox"/> To _____ st time submitting site identification information / to obtain an EPA ID number</p> <p><input checked="" type="checkbox"/> _____ (to update site identification information for this location)</p> <p>_____ Hazardous Waste Part A Permit Application</p> <p>_____ CRA Hazardous Waste Part A Permit Application (Amendment # _____)</p> <p>_____ Hazardous Waste Report (if marked, see sub-bullet below)</p> <p>_____ Facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or hazardous waste spill cleanup in one or more months of the report year (or State equivalent)</p>		
<p>2. Site EPA ID Number</p>	<p>EPA ID Number <u> 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> C. <u> </u></p> <p>B. <u> </u> 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 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 Phone:</p> <p>State: MA Country: United States of America Zip Code: 02110</p> <p>B. Name of Site's Operator: Pfizer 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>		

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.

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

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 last pick-up for this site as an SQG was November 2015. The site is no longer operating or producing Hazwaste and is currently vacant.

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	08/05/2016

Status Change

OMB# 2050-0024; Expires 01/31/2017

RECEIVED
AUG 2016



United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM

<p>SEND COMPLETED FORM TO: The Appropriate State or Regional Office.</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 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 >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >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 N C R 0 0 0 1 5 9 3 4 3 </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. 3 2 5 4 1 2 C. </p> <p>B. D. </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 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 Phone:</p> <p>State: MA Country: United States of America Zip Code: 02110</p> <p>B. Name of Site's Operator: Pfizer 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>	

File Room Document Transmittal Sheet

Your Name: BARBARA RYAN
EPA ID: NCD982126377
Facility Name: WAKE FOREST BAPTIST HEALTH - CLARKSON
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 6/14/2016
Author of Doc: WILLIAM E. CROUSE

File Room Use Only

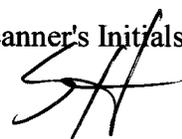
Date Recieved by File Room:

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Month	Day	Year
9	13	16

NCD982126377

Scanner's Initials:





PAT MCCRORY
Governor

DONALD R. VAN DER VAART
Secretary

MICHAEL SCOTT
Director

August 22, 2016

WILLIAM CROUSE
WAKE FOREST BAPTIST HEALTH - CLARKSON
MEDICAL CENTER BLVD
WINSTON SALEM, NC 27157

RE: EPA ID # NCD982126377 - WAKE FOREST BAPTIST HEALTH - CLARKSON

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,

A handwritten signature in black ink, appearing to read "Julie Woosley". The signature is fluid and cursive.

Julie Woosley, Chief
Hazardous Waste Section

cc: Central Files (General)

IBEAM - RCRA Site Detail

Report run on: August 22, 2016

NCD982126377 WAKE FOREST BAPTIST HEALTH - CLARKSON

County: DAVIDSON Source Type: I Seq. Number: 40 Receive Date: 14-Jul-2016

Location 2200 WELFARE RD Address: WINSTON SALEM, NC 27127	Mailing 2200 WELFARE RD. Address: WINSTON SALEM, NC 27127
----------------------------------------------------------------------------	----------------------------------------------------------------------------

Contact Person WILLIAM CROUSE For Source Information (336) 716-3029	MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 US
-------------------------------------------------------------------------------	------------------------------------------------------

Owner (current) WAKE FOREST BAPTIST HOSPITAL	MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	Type: P
From: 01/01/1601	To:	Phone: (336) 716-9375

Operator (current) WAKE FOREST BAPTIST HOSPITAL	MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	Type: P
From: 01/01/1601	To:	Phone: (336) 716-9375

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

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Conditionally Exempt SQG; State: Conditionally Exempt SQG

Transfer Facility: U	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 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
TSD Activity: No	Processor: No		
Recycler Activity: No	Refiner: No		
Exempt Boiler and/or Industrial Furnace	Underground Injection Control: No	Destination Facility for Universal Waste:	No
Small Quantity Onsite Burner Exemption: No			
Smelting, melting, Refining Furnace Exemption: No			

Certification Information

First Name : WILLIAM	Title	ENV SECTION MGR
Last Name : CROUSE	Date Signed	06/14/2016

NAICS Codes

622110

Comments

PER 8700-12 DATED 6/14/2016 UPDATED SITE NAME, SITE LOCATION INFO, NAICS CODES, LEGAL OWNER/OPERATOR INFO, CHANGED STATUS FROM SQG TO CESQG, WASTE CODES. BR 7/19/2016

RECEIVED

2016
Hazardous
Waste Section



United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM

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

1. Reason for Submittal

MARK ALL BOX(ES) THAT APPLY

- Reason for Submittal:**
- To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
 - To provide a Subsequent Notification (to update site identification information for this location)
 - 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 (Amendment # _____)
 - As a component of the Hazardous Waste Report (If marked, see sub-bullet below)
 - Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)

2. Site EPA ID Number
EPA ID Number N C D | 9 8 2 | 1 2 6 | 3 7 7

3. Site Name
Name: Wake Forest Baptist Health- Clarkson Campus (Friedburg Church Rd.) ?

4. Site Location Information
Street Address: 2200 Welfare Rd.
City, Town, or Village: Winston Salem County: Davidson
State: North Carolina Country: USA Zip Code: 27127

5. Site Land Type Private County District Federal Tribal Municipal State Other

6. NAICS Code(s) for the Site (at least 5-digit codes)

A.	<u> 6 2 2 1 1 0 </u>	C.	<u> </u>
B.	<u> </u>	D.	<u> </u>

7. Site Mailing Address
Street or P.O. Box: 2200 Welfare Rd.
City, Town, or Village: Winston Salem
State: North Carolina Country: USA Zip Code: 27127

8. Site Contact Person
First Name: William MI: Last: Crouse
Title: Health, Safety and Environmental Section Manager
Street or P.O. Box: Medical Center Blvd ? Need St. #
City, Town or Village: Winston Salem
State: North Carolina Country: USA Zip Code: 27157
Email: wcrouse@wakehealth.edu
Phone: 336716-3029 Ext.: Fax:

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner: Wake Forest Baptist Hospital Date Became Owner:

Owner Type: Private County District Federal Tribal Municipal State Other

Street or P.O. Box: Medical Center Blvd ? Need St. # **9375**

City, Town, or Village: Winston Salem Phone: 336 716-0000
State: North Carolina Country: USA Zip Code: 27157

B. Name of Site's Operator: Same as above Date Became Operator:

Operator Type: Private County District Federal Tribal Municipal State Other

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	D007	D009	D011	D022	
F002	F003	F005				
U044	U188					

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.

<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 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 >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>NCR 000 151 357</u></p>		
<p>3. Site Name</p>	<p>Name: Wake Forest Baptist Health- Biotechnology Place</p>		
<p>4. Site Location Information</p>	<p>Street Address: 575 N. Patterson Ave.</p> <p>City, Town, or Village: Winston Salem County: Forsyth</p> <p>State: North Carolina Country: USA Zip Code: 27107</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>6 2 2 1 1 0</u> C. _____</p> <p>B. _____ D. _____</p>		
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: 575 N. Patterson Ave.</p> <p>City, Town, or Village: Winston Salem</p> <p>State: North Carolina Country: USA Zip Code: 27107</p>		
<p>8. Site Contact Person</p>	<p>First Name: William MI: Last: Crouse</p> <p>Title: Health, Safety and Environmental Section Manager</p> <p>Street or P.O. Box: Medical Center Blvd</p> <p>City, Town or Village: Winston Salem</p> <p>State: North Carolina Country: USA Zip Code: 27157</p> <p>Email: wcrouse@wakehealth.edu</p> <p>Phone: 336716-3029 Ext.: Fax:</p>		
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: Wake Forest Baptist Hospital Date Became Owner:</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: Medical Center Blvd</p> <p>City, Town, or Village: Winston Salem Phone: ³³⁶716-9375</p> <p>State: North Carolina Country: USA Zip Code: 27157</p> <p>B. Name of Site's Operator: Same as above Date Became Operator:</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.

D001	D002	D005	D011			
P105	F003	F005				
U044	U188	U031	U080			

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.

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

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

Multiple empty horizontal lines for providing comments.

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)
<i>William E. Crouse</i>	William E. Crouse	06/14/2016

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

12. Notification of Hazardous Secondary Material (HSM) Activity

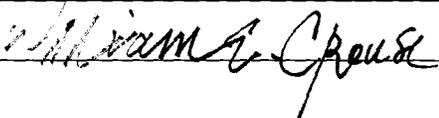
Y N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

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

13. Comments

Multiple empty horizontal lines for providing comments.

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)
	William F. Crouse	06/17/2016