

File Room Document Transmittal Sheet

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Your Name: MEL DEAVER  
EPA ID: NCR000167684  
Facility Name: ARBIOM INC  
Document Group: General (G)  
Document Type: Notification 8700 (8700)  
Description:  
Date of Doc: 7/18/2016  
Author of Doc: ANTHONY SCIME

**File Room Use Only**

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
9	15	16

NCR000167684

Scanner's Initials:





**Waste Management**  
ENVIRONMENTAL QUALITY

PAT MCCRORY  
*Governor*

DONALD R. VAN DER VAART  
*Secretary*

MICHAEL SCOTT  
*Director*

August 01, 2016

ANTHONY SCIME  
ARBIOM INC  
4222 EMPEROR BLVD STE 300  
DURHAM NC 27703

**RE: EPA ID # NCR000167684 - ARBIOM INC**

Dear Facility Contact:

Thank you for notifying the North Carolina Hazardous Waste Section of your activities as a Conditionally Exempt Small Quantity Generator of hazardous waste. The EPA ID Number assigned to your site is shown above. Please notify us if any information about your site changes: such as the facility name, site address, regulatory status, facility contact/address/phone number, or if your facility plans to close, by completing an EPA Form 8700-12.

NC Hazardous Waste Section  
1646 Mail Service Center  
Raleigh, NC 27699-1646

If you are considered a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Transporter, or a Treater, Storer or Disposer (TSD) facility, you are required to pay an annual fee to the State of North Carolina. Accordingly, an invoice is attached to this letter. These fees are used to support NC State programs and ensure the safe management of hazardous waste. We encourage you to become familiar with the NC Hazardous Waste Management Rules that have been codified in the NC Administrative Code at 15A NCAC 13A. You may obtain a printed copy of the rules for \$32.00 by contacting Patricia Davalos at 919-707-8233. For more information on the rules, visit <http://portal.ncdenr.org/web/wm/hw/rules>. We specifically draw your attention to Rules .0101, .0102, .0106 and .0107. These provisions address requirements potentially applicable to generators of hazardous waste. For an explanation of EPA requirements, go to <http://www.epa.gov/wastes/hazard/downloads/tool.pdf>.

If you have any questions, please 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 01, 2016

**NCR000167684 ARBIOM INC**

County: DURHAM      Source Type: N      Seq Number: 3      Receipt Date: 25 Jul 2016

**Location** 4222 EMPEROR BLVD STE 300  
**Address:** DURHAM, NC 27703

**Mailing** 4222 EMPEROR BLVD STE 300  
**Address:** DURHAM, NC 27703

**Contact Person** ANTHONY SCIME 4222 EMPEROR BLVD STE 300  
**For Source** (919) 299-1360X701 DURHAM, NC 27703  
**Information** US

**Owner (current)** 260 FRANKLIN ST STE 1520  
DURHAM ROYAL CENTER LLC BOSTON, MD 02141  
From: 01/01/2014 To: Phone: (617) 303-2900

**Operator (current)** Type: P  
ARBIOM INC  
From: 01/01/2016 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: Conditionally Exempt SQG; State: Conditionally Exempt SQG

Transfer Facility:

### Used Oil Activities

Other Hazardous Waste Generator Activities

Importer Activity: No  
Mixed Waste Generator: No

Transporter Activity: No  
TSD Activity: No  
Recycler Activity: No

Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption: No  
Smelting, melting, Refining Furnace Exemption: No

Used Oil Transport Activity Off-Specification Used Oil Burner: No  
Transporter: No  
Transfer Facility: No  
Used Oil Fuel Marketer Activity  
Marketer who direct shipment  
off-specification used oil to  
off-specification used oil burner: No  
Used Oil Processor and/or  
Re-refiner Activity  
Processor: No  
Refiner: No  
Marketer who first claims the used  
oil meets the specifications: No

Underground Injection Control: No  
Destination Facility for  
Universal Waste: No

## Certification Information

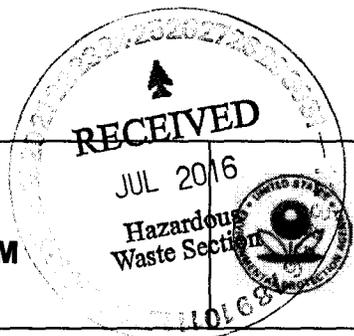
First Name : ANTHONY Title CFO  
Last Name : SCIME Date Signed 07/18/2016

## NAICS Codes

541711

## Comments

CREATED NEW 8700-12 DATED 7/18/2016 AS A CESQG. MD 7/26/2016



<p><b>SEND COMPLETED FORM TO:</b> The Appropriate State or Regional Office.</p>	<p><b>United States Environmental Protection Agency 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 checked="" 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 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 <u>NCR 000167684</u></p>		
<p><b>3. Site Name</b></p>	<p>Name: Arbiom Inc</p>		
<p><b>4. Site Location Information</b></p>	<p>Street Address: 4222 Emperor Blvd, Suite 300</p>		
	<p>City, Town, or Village: Durham</p>	<p>County: Durham</p>	
	<p>State: NC</p>	<p>Country: USA</p>	<p>Zip Code: 27703</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. <u>5</u>   <u>4</u>   <u>1</u>   <u>7</u>   <u>1</u>   <u>1</u></p>	<p>C. _____</p>	
	<p>B. _____</p>	<p>D. _____</p>	
<p><b>7. Site Mailing Address</b></p>	<p>Street or P.O. Box: 4222 Emperor Blvd, Suite 300</p>		
	<p>City, Town, or Village: Durham</p>		
	<p>State: NC</p>	<p>Country: USA</p>	<p>Zip Code: 27703</p>
<p><b>8. Site Contact Person</b></p>	<p>First Name: Anthony</p>		<p>MI: C   Last: Scime</p>
	<p>Title: CFO</p>		
	<p>Street or P.O. Box: 4222 Emperor Blvd, Suite 300</p>		
	<p>City, Town or Village: Durham</p>		
	<p>State: NC</p>	<p>Country: USA</p>	<p>Zip Code: 27703</p>
	<p>Email: ascime@arbiom.com</p>		<p>Fax:</p>
<p>Phone: 919-299-1360</p>		<p>Ext.: 701</p>	<p>Fax:</p>
<p><b>9. Legal Owner and Operator of the Site</b></p>	<p>A. Name of Site's Legal Owner: Durham Royal Center LLC</p>		<p>Date Became Owner: 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, Suite 1520</p>		
	<p>City, Town, or Village: Boston</p>		<p>Phone: 617-303-2900</p>
	<p>State: MA</p>	<p>Country: USA</p>	<p>Zip Code: 02141</p>
	<p>B. Name of Site's Operator: Arbiom Inc</p>		<p>Date Became Operator: 2016</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	F002	F003	F005	P119
U003	U080	U123	U125	U154	U220	<del>U112</del>

**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.


EPA ID Number

NCR 000 167 684

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

12. Notification of Hazardous Secondary Material (HSM) Activity

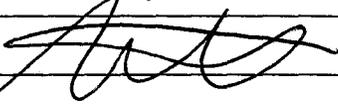
Y  N  Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

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

13. Comments

This form is being completed because we are starting an operation that may generate hazardous waste and need to have an EPA ID# created for our site.

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)
	Anthony Scime, CFO	7/18/2014



**ARBIOM**

info@arbiom.com – www.arbiom.com



July 18, 2016

NC Division of Waste Management  
Hazardous Waste Section  
1646 Mail Service Center  
Raleigh, NC 27699-1646

Dear Sir or Madam:

Enclosed is a completed EPA Form 8700-12. This form is being provided because we are starting an operation that may generate hazardous waste and need an EPA ID# created for the site.

The site location is 4222 Emperor Blvd, Suite 300 in Durham, NC.

If there are any issues, please contact me (Anthony Scime) at 919-299-1360 ext 701 or Lisa Hong at 919-299-1360 ext 703.

Thank you for your attention and help.

Regards,

Anthony Scime

Headquarters / Applications Center

ARBIOM Inc.  
15 TW Alexander Drive  
Durham, NC 27709  
Ph: +1 919-299-1360

Process Development Center

OPTAFUEL Inc.  
5516 Industrial Park Road  
Norton, VA 24273  
Ph: +1 276-601-1500

Biotech Center

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Ph: +33 1 60 91 21 21