

Hazardous Waste Section  
File Room Document Transmittal Sheet

##

Your Name: MEL DEAVER  
EPA ID: NCR000005355  
Facility Name: BIOGEN  
Document Group: General (G)  
Document Type: Notification 8700 (8700)  
Description:  
Date of Doc: 2/22/2016  
Author of Doc: JOYDEEP GANGULY

**File Room Use Only**

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
4	15	16

NCR000005355

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**Waste Management**  
ENVIRONMENTAL QUALITY

PAT MCCRORY  
*Governor*

DONALD R. VAN DER VAART  
*Secretary*

MICHAEL SCOTT  
*Acting Director*

March 02, 2016

KEITH GIBSON  
BIOGEN  
5000 DAVIS DR  
RTP, NC 27709

**RE: EPA ID # NCR000005355 - BIOGEN**

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: March 02, 2016

**NCR000005355 BIOGEN**

Company Name: BIOGEN US LIMITED PARTNERSHIP Site Number: 325414 Report Date: 03/02/2016

<b>Location</b> 5000 DAVIS DR <b>Address:</b> RTP, NC 27709	<b>Mailing</b> 5000 DAVIS DR <b>Address:</b> RTP, NC 27709
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**Contact Person** KEITH GIBSON 5000 DAVIS DR  
**For Source** (919) 993-1553 RTP, NC 27709  
**Information** US

**Owner (current)** 5000 DAVIS DR  
 BIOGEN US LIMITED PARTNERSHIP RTP, NC 27709 **Type: P**  
**From:** 01/01/1996 **To:** **Phone:** (919) 993-1100

**Operator (current)** 5000 DAVIS DR  
 BIOGEN RTP, NC 27709 **Type: P**  
**From:** 01/01/1996 **To:** **Phone:**

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

**HAZARDOUS WASTE ACTIVITIES**

Hazardous Waste Generator Status - Federal: Large Quantity Generator; State: Large Quantity Generator

<b>Transfer Facility:</b> U	<b>Used Oil Activities</b>		
<b>Other Hazardous Waste Generator Activities</b>	<b>Used Oil Transport Activity</b>	<b>Off-Specification Used Oil Burner:</b>	No
<b>Importer Activity:</b> No	<b>Transporter:</b> No	<b>Used Oil Fuel Marketer Activity</b>	
<b>Mixed Waste Generator:</b> No	<b>Transfer Facility:</b> No	<b>Marketer who direct shipment off-specification used oil to off-specification used oil burner:</b>	No
<b>Transporter Activity:</b> No	<b>Used Oil Processor and/or Re-refiner Activity</b>	<b>Marketer who first claims the used oil meets the specifications:</b>	No
<b>TSD Activity:</b> No	<b>Processor:</b> No		
<b>Recycler Activity:</b> No	<b>Refiner:</b> No		
<b>Exempt Boiler and/or Industrial Furnace</b>	<b>Underground Injection Control:</b> No	<b>Destination Facility for Universal Waste:</b>	No
<b>Small Quantity Onsite Burner Exemption:</b> No			
<b>Smelting, melting, Refining Furnace Exemption:</b> No			

**First Name :** IOYDEEP **Title** VP MFG & GM  
**Last Name :** GANGULY **Date Signed** 02/22/2016

**WASTE CODES**

325414

**Comments**

UPDATED 8700-12 DATED 2/22/2016 WASTE CODES. UPGRADED FROM SQG TO LQG.  
 MD 3/2/2016



Waste Management  
ENVIRONMENTAL QUALITY

# 2015 INVOICE

ATTENTION: ACCOUNTS PAYABLE  
BIOGEN  
5000 DAVIS DR  
RTP, NC 27709

**FACILITY LOCATION ADDRESS:**

KEITH GIBSON  
BIOGEN  
5000 DAVIS DR  
RTP NC 27709

FACILITY EPA ID #	INVOICE #	INVOICE DATE	AMOUNT DUE	DUE DATE	ENTER AMOUNT PAID
NCR000005355	HW69876.2	3/2/2016	\$ 1,225.00	04/01/2016	

- A. Fee Requirements: Pursuant to North Carolina General Statute 130A-294.1, a Facility must pay fee(s) based on its hazardous waste management activities. The fees are used to support government programs that ensure the safe management of hazardous waste. Failure to pay the required fees could result in an enforcement action with a penalty.
- B. Invoice amount is based on the registered status as of the invoice date and includes any past-due balances. A 10% late-payment penalty has been assessed for Fiscal Year 2014 if the annual fee was not paid by June 30, 2015.
- C. If Fiscal Year 2015 annual fees are not paid by June 30, 2016, the facility must pay a late-payment penalty of 10% of the total amount due.
- D. In accordance with N.C.G.S. § 147-86.23, a facility may petition for waiver of any late-payment penalty but the Hazardous Waste Section will only grant a waiver for good cause shown.

FACILITY STATUS	FEE	TONNAGE	AMOUNT DUE
LARGE QUANTITY GENERATOR	\$1400.00	-----	\$1,400.00
		PAST DUE	\$0.00
		CREDIT	\$-175.00
		<b>TOTAL AMOUNT DUE</b>	<b>\$1,225.00</b>

**E. Remit Payment :**

To pay via electronic bank transfer (e-check), go to <http://portal.ncdenr.org/web/wm/hw/epayment>. You will need your EPA facility ID# and invoice number, as well as your bank routing and account numbers. There is no fee for electronic transfers. Partial payments are not allowed with this payment method.

To pay via mail with a paper check or money order, please make payable to **N.C. Hazardous Waste Section**. Include EPA ID# and Invoice # on check. Please note per NC General Statute (G.S. 25-3-506), a \$25.00 processing fee will be charged on all returned checks. Please return a copy of this invoice with your payment to:

ATTN: PATRICIA DAVALOS  
NC HAZARDOUS WASTE SECTION  
1646 MAIL SERVICE CENTER  
RALEIGH, NC 27699-1646

<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>RECEIVED FEB 2016 Hazardous Waste Section</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 <u>  N  C  R     0  0  0     0  0  5     3  5  5  </u></p>		
<p><b>3. Site Name</b></p>	<p>Name: <u>Biogen</u></p>		
<p><b>4. Site Location Information</b></p>	<p>Street Address: <u>5000 Davis Drive</u></p>		<p>County: <u>Wake</u></p>
<p>City, Town, or Village: <u>Research Triangle Park</u></p>		<p>State: <u>North Carolina</u>      Country: <u>Wake</u></p>	
<p>State: <u>North Carolina</u>      Country: <u>Wake</u></p>		<p>Zip Code: <u>27709</u></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>  3     2     5     4     1     4  </u></p>	<p>C. <u>                                         </u></p>	
<p>B. <u>                                         </u></p>		<p>D. <u>                                         </u></p>	
<p><b>7. Site Mailing Address</b></p>	<p>Street or P.O. Box: <u>5000 Davis Drive</u></p>		<p>City, Town, or Village: <u>Research Triangle Park</u></p>
<p>City, Town, or Village: <u>Research Triangle Park</u></p>		<p>State: <u>NC</u>      Country: <u>United States</u>      Zip Code: <u>27709</u></p>	
<p>State: <u>NC</u>      Country: <u>United States</u>      Zip Code: <u>27709</u></p>		<p>Zip Code: <u>27709</u></p>	
<p><b>8. Site Contact Person</b></p>	<p>First Name: <u>Keith</u>      MI: <u>E</u>      Last: <u>Gibson</u></p>		<p>Title: <u>Sr. Manager, EHS+S</u></p>
<p>Street or P.O. Box: <u>5000 Davis Drive</u></p>		<p>City, Town or Village: <u>Research Triangle Park</u></p>	
<p>City, Town or Village: <u>Research Triangle Park</u></p>		<p>State: <u>NC</u>      Country: <u>United States</u>      Zip Code: <u>27709</u></p>	
<p>State: <u>NC</u>      Country: <u>United States</u>      Zip Code: <u>27709</u></p>		<p>Zip Code: <u>27709</u></p>	
<p>Email: <u>keith.gibson@biogen.com</u></p>		<p>Phone: <u>919-993-1553</u>      Ext.:      Fax:</p>	
<p>Phone: <u>919-993-1553</u>      Ext.:      Fax:</p>		<p>Ext.:      Fax:</p>	
<p><b>9. Legal Owner and Operator of the Site</b></p>	<p>A. Name of Site's Legal Owner: <u>Biogen US Limited Partnership</u></p>		<p>Date Became Owner: <u>1996</u></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: <u>5000 Davis Drive</u></p>	
<p>Street or P.O. Box: <u>5000 Davis Drive</u></p>		<p>City, Town, or Village: <u>Research Triangle Park</u>      Phone: <u>919-993-1100</u></p>	
<p>City, Town, or Village: <u>Research Triangle Park</u>      Phone: <u>919-993-1100</u></p>		<p>State: <u>NC</u>      Country: <u>USA</u>      Zip Code: <u>27709</u></p>	
<p>State: <u>NC</u>      Country: <u>USA</u>      Zip Code: <u>27709</u></p>		<p>Zip Code: <u>27709</u></p>	
<p>B. Name of Site's Operator: <u>Biogen</u></p>		<p>Date Became Operator: <u>1996</u></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>		<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>	
<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>		<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	D005	D007	D008	D009
D010	D011	D022	D035	D038	F003	P105
U080	U135	U218				

**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**

We need to return to being a Large Quantity Generator.

We exceeded 2200 pounds of hazardous waste in January 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)**

Joydeep Ganguly, VP MFG & GM

**Date Signed (mm/dd/yyyy)**

02/22/2016



18 February 2016

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

RECEIVED  
FEB 2016  
Hazardous  
Waste Section

Subject: Facility Generator Status Change  
NCR000005355

Dear Ms. Walker,

This is to inform you that our site is requesting to become a large quantity waste generator once again. Our manufacturing schedule has increased substantially which has put us over our small quantity generator waste limit for the month of January. Enclosed is Form 8700-12 that also states our intentions for changes.

We appreciate your attention to this matter. If you have any questions, please do not hesitate to contact me at (919) 993-1972.

Best Regards,

A handwritten signature in black ink, appearing to read "Hanna Gamache".

Hanna Gamache  
Associate III EHS&S