

Hazardous Waste Section  
File Room Document Transmittal Sheet

17

Your Name: BELLA NGUYEN  
EPA ID: NCR000159111  
Facility Name: FUJIFILM DIOSYNTH BIOTECHNOLOGIES USA  
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Document Type: Notification 8700 (8700)  
Description:  
Date of Doc: 3/17/2016  
Author of Doc: MARTIN MEESON

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Date Recieved by File Room:

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**Waste Management**  
ENVIRONMENTAL QUALITY

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MICHAEL SCOTT  
*Acting Director*

April 26, 2016

BAXTER SHELTON  
FUJIFILM DIOSYNTH BIOTECHNOLOGIES USA  
101 J MORRIS COMMONS LN  
MORRISVILLE, NC 27560

**RE: EPA ID # NCR000159111 - FUJIFILM DIOSYNTH BIOTECHNOLOGIES USA**

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: April 26, 2016

**NCR000159111 FUJIFILM DIOSYNTH BIOTECHNOLOGIES USA**

County: WAKE Source Type: S Seq. Number: 8 Receive Date: 29-Mar-2016

<b>Location</b> 7020 KIT CREEK RD STE 120 <b>Address:</b> RESEARCH TRIANGLE PARK, NC 27709	<b>Mailing</b> 101 J MORRIS COMMONS LN <b>Address:</b> MORRISVILLE, NC 27560
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<b>Contact Person</b> BAXTER ((B) SHELTON For Source (919) 337-4381 Information	101 J MORRIS COMMONS LN MORRISVILLE, NC 27560 US
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<b>Owner (current)</b> ARE-7030 KIT CREEK LLC	PO BOX 13329 RESEARCH TRIANGLE PARK, NC 27709	Type: P
From: 07/21/2000	To:	Phone: (919) 993-3420

<b>Operator (current)</b> FUJIFILM DIOSYNTH BIOTECHNOLOGIES U.S.A	7020 KIT CREEK RD STE 170 RESEARCH TRIANGLE PARK, NC 27709	Type: P
From: 07/09/2013	To:	Phone: (919) 337-4381

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: No	Destination Facility for Universal Waste:	No
Small Quantity Onsite Burner Exemption: No			
Smelting, melting, Refining Furnace Exemption: No			

### Corporation Information

First Name : MARTIN	Title	PRESIDENT
Last Name : MEESON	Date Signed	03/17/2016

### NAICS Codes

541711

### Comments

UPDATED 8700-12 DATED 3/17/2016 DOWNGRADED FROM SQG TO NAG. MD 4/15/2016



**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

**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.


**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**

FUJIFILM Diosynth Biotechnologies U.S.A., Inc. hazardous waste generation activities for this location ceased on 08MAR2016.

**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)
	Martin E. Meeson, President and COO	03/17/2016

## ADDENDUM TO THE SITE IDENTIFICATION FORM: NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY



**ONLY fill out this form if:**

- ❖ You are located in a State that allows you to manage excluded hazardous secondary material (HSM) under 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent). See <http://www.epa.gov/epawaste/hazard/dsw/statesof.htm> for a list of eligible states; **AND**
- ❖ You are or will be managing excluded HSM in compliance with 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent) or you have stopped managing excluded HSM in compliance with the exclusion(s) and do not expect to manage any amount of excluded HSM under the exclusion(s) for at least one year. Do not include any information regarding your hazardous waste activities in this section.

**1. Indicate reason for notification. Include dates where requested.**

- Facility will begin managing excluded HSM as of \_\_\_\_\_ (mm/dd/yyyy).
- Facility is still managing excluded HSM/re-notifying as required by March 1 of each even-numbered year.
- Facility has stopped managing excluded HSM as of \_\_\_\_\_ (mm/dd/yyyy) and is notifying as required.

**2. Description of excluded HSM activity.** Please list the appropriate codes and quantities in **short tons** to describe your excluded HSM activity ONLY (do not include any information regarding your hazardous wastes). Use additional pages if more space is needed.

a. Facility code (answer using codes listed in the Code List section of the instructions)	b. Waste code(s) for HSM	c. Estimated short tons of excluded HSM to be managed annually	d. Actual short tons of excluded HSM that was managed during the most recent odd-numbered year	e. Land-based unit code (answer using codes listed in the Code List section of the instructions)

**3. Facility has financial assurance pursuant to 40 CFR 261.4(a)(24)(vi).** (Financial assurance is required for reclaimers and intermediate facilities managing excluded HSM under 40 CFR 261.4(a)(24) and (25))

Y  N  Does this facility have financial assurance pursuant to 40 CFR 261.4(a)(24)(vi)?