Hazardous Waste Section

File Room Document Transmittal Sheet

Your Name:	BELLA NGUYEN
EPA ID:	NCR000149633
Facility Name:	ORIEL THERAPEUTICS INC
Document Group:	General (G)
Document Type:	Notification 8700 (8700)
Description:	
Date of Doc:	3/25/2016
Author of Doc:	PAUL ATKINS

File Room Use Only

NCR000149633

	Month	Day	Year
Date Recieved by File Room:	5	9	16
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Waste Management
ENVIRONMENTAL QUALITY

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Acting Director

April 26, 2016

TERRY PAIT
ORIEL THERAPEUTICS INC
PO BOX 14087
RTP, NC 27709

RE: EPA ID # NCR000149633 - ORIEL THERAPEUTICS INC

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

NCR000149633 ORIEL THERAPEUTICS INC

County: ALAMANCE Source Type: S Seq. Number: 4 Receive Date: 31-Mar-2016

Location Address: 630 DAVIS DR, STE 120 DURHAM, NC 27713	**Mailing Address:** PO BOX 14087 RTP, NC 27709

Contact Person For Source Information: TERRY PAIT, (919) 313-1290X44, PO BOX 14087, RTP, NC 27709, US

Owner (current)
KEYSTONE OFFICE PROP 1 LLC
2350 CORPORATE PARK DR, STE 11
HERNDON, VA 20171
Type: P
From: 04/01/2007 To: Phone: (703) 435-4800

Operator (current)
ORIEL THERAPEUTICS INC
630 DAVID DR STE 120
DURHAM, NC 27713
Type: P
From: 09/27/2007 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:

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 Activities

Used Oil Transport Activity

Transporter:	No
Transfer Facility:	No

Used Oil Processor and/or Re-refiner Activity

Processor:	No
Refiner	No

Underground Injection Control:	No
Off-Specification Used Oil Burner:	No

Used Oil Fuel Marketer Activity

Marketer who direct shipment off-specification used oil to off-specification used oil burner:	No
Marketer who first claims the used oil meets the specifications:	No
Destination Facility for Universal Waste:	No

Certification Information

First Name :	PAUL	Title	VICE PRES
Last Name :	ATKINS	Date Signed	03/25/2016

NAICS Codes

54172

Comments

UPDATED 8700-12 DATED 3/25/2016 DOWNGRADING FROM SQG TO CESQG. MD 4/22/2016

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

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency **RCRA SUBTITLE C SITE IDENTIFICATION FORM**

RECEIVED Hazardous Waste Section

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 R 0 0 0 1 4 9 6 3 3
3. Site Name	**Name:** Oriel Therapeutics Inc.
4. Site Location Information	**Street Address:** 630 Davis Drive, Suite 120 **City, Town, or Village:** Durham — **County:** Durham **State:** North CarolinaUSA — **Country:** — **Zip Code:** 27713
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. 5 4 1 7 2 — C. B. — D.
7. Site Mailing Address	**Street or P.O. Box:** P.O. Box 14087 **City, Town, or Village:** Research Triangle Park **State:** North Carolina — **Country:** USA — **Zip Code:** 27709
8. Site Contact Person	**First Name:** Terry — **MI:** A — **Last:** Pait **Title:** Associate Director, Quality Assurance **Street or P.O. Box:** P. O. Box 14087 **City, Town or Village:** Research Triangle Park **State:** North Carolina — **Country:** USA — **Zip Code:** 27709 **Email:** tpait@orieltherapeutics.com **Phone:** 919 313 1290 — **Ext.:** 144 — **Fax:** 919 3131 295
9. Legal Owner and Operator of the Site	**A. Name of Site's Legal Owner:** Keystone Office Properties 1, LLC — **Date Became Owner:** 04/01/2007 **Owner Type:** ☑ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other **Street or P.O. Box:** 2350 Corporate Park Drive, Suite110 **City, Town, or Village:** Herndon — **Phone:** 703 435 4800 **State:** Virginia — **Country:** USA — **Zip Code:** 20171 **B. Name of Site's Operator:** Orieltherapeutics Inc. — **Date Became Operator:** 09/27/2007 **Operator Type:** ☑ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

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.

D007						
U002						
U003						
U123						
U154						

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

Full scale laboratory operations have ceased at this site. change from SQG to CESQG Hazardous Waste Activities.

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)
	PAUL ATKINS, VICE PRESIDENT	25th March 2016

EPA ID Number | N | C | R | 0 | 0 | 0 | 1 | 4 | 9 | 6 | 3 | 3 |

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

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/statespf.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)?