

Please refer to Section V. Line by Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).	<h2 style="margin: 0;">Notification of Regulated Waste Activity</h2> United States Environmental Protection Agency	Date Received (For Official Use Only)
---	--	--

3

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

<input type="checkbox"/> A. Initial Notification	<input checked="" type="checkbox"/> B. Subsequent Notification <i>(Complete Item C)</i>	C. Installation's EPA ID Number NCR0000011262
--	--	---

II. Name of Installation (Include company and specific site name)

M E T R O M O N T P R E S T R E S S C O M P A N Y

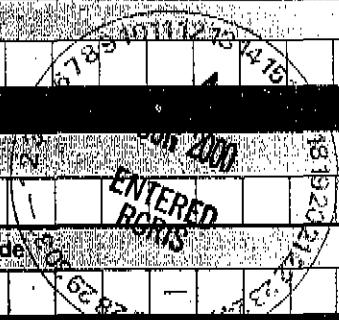
III. Location of Installation (Physical address not P.O. Box or Route Number)

Street
4 1 0 1 G R E E N S B O R O S T R E E T

Street (Continued)

City or Town	State	Zip Code
C H A R L O T T E	N C	2 8 2 0 6 - 2 0 3 9

County Code	County Name
	M E C K L E N B U R G



IV. Installation Mailing Address (See Instructions)

Street or P.O. Box
" s a m e "

City or Town	State	Zip Code
--------------	-------	----------

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last) G R A N A	(First) P E T E R
Job Title R E G I O N A L M G R	Phone Number (Area Code and Number) 7 0 4 - 3 7 2 - 1 0 8 0

VI. Installation Contact Address (See Instructions)

A. Contact Address Location	Mailing	B. Street or P.O. Box
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4 1 0 1 G R E E N S B O R O S T R E E T

City or Town	State	Zip Code
C H A R L O T T E	N C	2 8 2 0 6 - 2 0 3 9

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner
R M C I N D U S T R I E S C O R P O R A T I O N

Street, P.O. Box, or Route Number
1 5 0 E A S T P O N C E D E L E O N A V E

City or Town	State	Zip Code
D E C A T U R	G A	3 0 0 3 0 -

Phone Number (Area Code and Number) 4 0 4 - 3 7 1 - 1 0 5 0	B. Land Type P	C. Owner Type P	D. Change of Owner Indicator Yes <input type="checkbox"/> No <input type="checkbox"/>	(Date Changed) Month Day Year
--	-------------------	--------------------	--	----------------------------------

ID - For Official Use Only											

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity	B. Used Oil Recycling Activities
<p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220-2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify _____</p>	<p>1. Used Oil Recycling Marketer</p> <p><input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p> <p>2. Used Oil Burner - Indicate Type(s) of Combustion Device</p> <p><input type="checkbox"/> a. Utility Boiler</p> <p><input type="checkbox"/> b. Industrial Boiler</p> <p><input type="checkbox"/> c. Industrial Furnace</p> <p>3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Process</p> <p><input type="checkbox"/> b. Re-refine</p>
<p><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter Deferral</p> <p><input type="checkbox"/> 2. Small Quantity Exemption</p> <p>Indicate Type of Combustion Device(s)</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

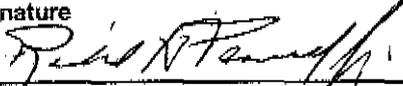
1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. 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 fine and imprisonment for knowing violations.

Signature 	Name and Official Title (Type or print) Rick H. Pennell President & COO	Date Signed 1/31/2000
--	--	--------------------------

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

④

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
4
JUN 2000
ENT.
RC:

January 21, 2000

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
4
FEB 2000
Received
Hazardous Waste
Section

Mr. Jim Edwards
Division of Waste Management
North Carolina Department of Environment & Natural Resources
1646 Mail Service Center
Raleigh, North Carolina 27699-1646

Re: Subsequent Notification of Hazardous Waste Activity for EPA ID No.
NCR000011262

Dear Mr. Edwards:

Attached you will find a subsequent "Notification of Hazardous Waste Activity" for the Metromont Prestress Plant located at 4101 Greensboro St. in Charlotte, North Carolina.

The plant has changed ownership over the past several years thus, a one- time clean out of unused materials was necessary.

Additionally, it was discovered that the used oil had become contaminated with halogenated material, rendering it a hazardous waste. It is believed that the halogen contamination originated from the maintenance department since the halogenated materials are not used in production and the maintenance department has some spray cans of degreasers containing chlorinated solvents. In order to prevent contamination with halogenated materials, the maintenance supervisor has placed strict controls over the disposition of used oil.

Hence, the Charlotte Plant of Metromont Prestress Company is requesting that the generator status be changed from large quantity generator to small quantity generator. Please let us know when this will be effective. Also, please send any correspondence regarding hazardous or solid waste to my attention, as I am listed as the facility contact.

Sincerely,



Peter Grana
Regional Manager

cc: Jack Bias
Kevin McSloy
Rick Rivera





NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT AND NATURAL RESOURCES

DIVISION OF WASTE MANAGEMENT

September 22, 2000

(S)

JAMES B. HUNT JR.
GOVERNOR

BILL HOLMAN
SECRETARY

WILLIAM L. MEYER
DIRECTOR

PETER GRANA
Or Current Hazardous Waste Facility Contact
METROMONT PRESTRESS CO (NCR000011262)
4101 GREENSBORO ST
CHARLOTTE, NC 28206

Dear Mr./Ms. GRANA:

Pursuant to North Carolina General Statutes 130A-294 and 130A-294.1 the above listed facility is required to both pay a fee and submit a written description of any program(s) to minimize or reduce the volume and quantity or toxicity of hazardous waste produced. You can access the referenced General Statutes at the NC Hazardous Waste Rules web page at: <http://wastenot.enr.state.nc.us/HWHOME/WEBRules/NCHWRule.html>.

Please review the attached form concerning your hazardous waste status and fee requirements, and describe your waste minimization efforts. **Return the completed Waste Minimization Form and submit payment no later than November 30, 2000** to:

North Carolina Division of Waste Management
Hazardous Waste Section
ATT: Jim Edwards
1646 Mail Service Center
Raleigh, NC 27699-1646

Checks should be made out to N.C. Hazardous Waste Section. Please include your EPA ID number and facility name on your check..

If you have any questions concerning this information please call Jim Edwards (x-209) or Bud McCarty (x-247) at 919-733-2178.

Sincerely,

Jill Burton, Acting Chief
North Carolina Hazardous Waste Section
(over)



1646 MAIL SERVICE CENTER, RALEIGH, NORTH CAROLINA 27699-1646
401 OBERLIN ROAD, SUITE 150, RALEIGH, NC 27605
PHONE 919-733-4996 FAX 919-715-3605

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER - 50% RECYCLED/10% POST-CONSUMER PAPER

WHO IS REQUIRED TO PAY A HAZARDOUS WASTE FEE ?

Large Quantity Generators (\$500.00) - A person who generates one kilogram or more of acute hazardous waste or 1000 kilograms or more of hazardous waste in any calendar month during the year beginning July 1, 2000, and ending June 30, 2001. (Note: Large Quantity Generators are also required to pay an additional fee of \$.50 per ton, or any part thereof, of hazardous waste generated during the period January 1, 1999 to December 31, 1999, up to a maximum of 25,000 tons.)

Small Quantity Generators (\$25.00) - A person who generates 100 kilograms or more of hazardous waste in any calendar month during the year beginning July 1, 2000, and ending June 30, 2001, but less than 1000 kilograms of hazardous waste in each calendar month during that year.

Transporters (\$600) - A person who transports hazardous waste shall pay an annual fee.

Treaters, Storer or Disposer (\$1200.00 for each activity) - A storage, treatment, or disposal facility shall pay an annual activity fee for each activity.

The North Carolina Hazardous Waste Section database indicates the following information for your facility. If you need to make changes please do so on the attached Notification of Regulated Waste Activity form and return it with your payment and waste minimization information.

Contact: **PETER GRANA**
 Facility Name: **METROMONT PRESTRESS CO**
 EPA ID Number: **NCR000011262**
 Mailing Address: **4101 GREENSBORO ST**
CHARLOTTE, NC 28206
 Location Address: **4101 GREENSBORO ST**
CHARLOTTE, NC 28206

Reported Facility Status

Generator Status..... 1
 (1 = Large Quantity Generator, 2 = Small Quantity Generator, 3 = Conditionally Exempt Small Quantity Generator, N or blank = Not a generator)
 Transporter..... NO
 Treater NO
 Storer..... NO
 Disposer..... NO

INVOICE	INVOICE	INVOICE	INVOICE	INVOICE	INVOICE
CATEGORY	FEE	FACILITY STATUS	AMOUNT DUE		
Large Quantity Generator	\$ 500	YES	500		
Small Quantity Generator	\$ 25				
Transporter	\$ 600				
Treater	\$ 1200				
Storer	\$ 1200				
Disposer	\$ 1200				
Amount Past Due			500		
Generator Fee (Based on the 1999 HW Report)	\$ 0.50/Ton	17 Tons	\$ 8.50		
TOTAL AMOUNT DUE			\$1,008.50		

Return the completed Waste Minimization Form and submit payment no later than November 30, 2000 to:

North Carolina Division of Waste Management
 Hazardous Waste Section
 ATT: Jim Edwards
 1646 Mail Service Center
 Raleigh, NC 27699-1646

Checks should be made out to N.C. Hazardous Waste Section. Please include your EPA ID number and facility name on your check.

WHO IS REQUIRED TO PAY A HAZARDOUS WASTE FEE ?

Large Quantity Generators (\$500.00) - A person who generates one kilogram or more of acute hazardous waste or 1000 kilograms or more of hazardous waste in any calendar month during the year beginning July 1, 2000, and ending June 30, 2001. (Note: Large Quantity Generators are also required to pay an additional fee of \$.50 per ton, or any part thereof, of hazardous waste generated during the period January 1, 1999 to December 31, 1999, up to a maximum of 25,000 tons.)

Small Quantity Generators (\$25.00) - A person who generates 100 kilograms or more of hazardous waste in any calendar month during the year beginning July 1, 2000, and ending June 30, 2001, but less than 1000 kilograms of hazardous waste in each calendar month during that year.

Transporters (\$600) - A person who transports hazardous waste shall pay an annual fee.

Treaters, Storer or Disposers (\$1200.00 for each activity) - A storage, treatment, or disposal facility shall pay an annual activity fee for each activity.

The North Carolina Hazardous Waste Section database indicates the following information for your facility. If you need to make changes please do so on the attached Notification of Regulated Waste Activity form and return it with your payment and waste minimization information.

Contact: **PETER GRANA**
 Facility Name: **METROMONT PRESTRESS CO**
 EPA ID Number: **NCR000011262**
 Mailing Address: **4101 GREENSBORO ST**
CHARLOTTE, NC 28206
 Location Address: **4101 GREENSBORO ST**
CHARLOTTE, NC 28206

Reported Facility Status

Generator Status..... **1**
 (1 = Large Quantity Generator, 2 = Small Quantity Generator, 3 = Conditionally Exempt Small Quantity Generator, N or blank = Not a generator)
 Transporter..... **NO**
 Treater **NO**
 Storer..... **NO**
 Disposer..... **NO**

INVOICE INVOICE INVOICE INVOICE INVOICE INVOICE

CATEGORY	FEE	FACILITY STATUS	AMOUNT DUE
Large Quantity Generator	\$ 500	YES	500
Small Quantity Generator	\$ 25		
Transporter	\$ 600		
Treater	\$ 1200		
Storer	\$ 1200		
Disposer	\$ 1200		
Amount Past Due			500
Generator Fee (Based on the 1999 HW Report)	\$ 0.50/Ton	17 Tons	\$ 8.50
TOTAL AMOUNT DUE			\$1,008.50

Return the completed Waste Minimization Form and submit payment no later than November 30, 2000 to:

North Carolina Division of Waste Management
 Hazardous Waste Section
 ATT: Jim Edwards
 1646 Mail Service Center
 Raleigh, NC 27699-1646

Checks should be made out to N.C. Hazardous Waste Section. Please include your EPA ID number and facility name on your check.



NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT AND NATURAL RESOURCES

DIVISION OF WASTE MANAGEMENT

September 22, 2000

5

JAMES B. HUNT JR.
GOVERNOR

BILL HOLMAN
SECRETARY

WILLIAM L. MEYER
DIRECTOR

PETER GRANA
Or Current Hazardous Waste Facility Contact
METROMONT PRESTRESS CO (NCR000011262)
4101 GREENSBORO ST
CHARLOTTE, NC 28206

Dear Mr./Ms. GRANA:

Pursuant to North Carolina General Statutes 130A-294 and 130A-294.1 the above listed facility is required to both pay a fee and submit a written description of any program(s) to minimize or reduce the volume and quantity or toxicity of hazardous waste produced. You can access the referenced General Statutes at the NC Hazardous Waste Rules web page at: <http://wastenot.enr.state.nc.us/HWHOME/WEBRules/NCHWRule.html>.

Please review the attached form concerning your hazardous waste status and fee requirements, and describe your waste minimization efforts. **Return the completed Waste Minimization Form and submit payment no later than November 30, 2000** to:

North Carolina Division of Waste Management
Hazardous Waste Section
ATT: Jim Edwards
1646 Mail Service Center
Raleigh, NC 27699-1646

Checks should be made out to N.C. Hazardous Waste Section. Please include your EPA ID number and facility name on your check..

If you have any questions concerning this information please call Jim Edwards (x-209) or Bud McCarty (x-247) at 919-733-2178.

Sincerely,

Jill Burton, Acting Chief
North Carolina Hazardous Waste Section
(over)



1646 MAIL SERVICE CENTER, RALEIGH, NORTH CAROLINA 27699-1646
401 OBERLIN ROAD, SUITE 150, RALEIGH, NC 27605
PHONE 919-733-4996 FAX 919-715-3605

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER • 50% RECYCLED/10% POST-CONSUMER PAPER