





NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

DIVISION OF WASTE MANAGEMENT

September 22, 2000

JAMES B. HUNT JR.  
GOVERNOR

BILL HOLMAN  
SECRETARY

WILLIAM L. MEYER  
DIRECTOR

GREG KELLEY  
Or Current Hazardous Waste Facility Contact  
PRILLAMAN CHEMICAL CORPORATION (NCR000005066)  
2001 CONTINENTAL BLVD.  
CHARLOTTE, NC 28273

Dear Mr./Ms. KELLEY:

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>.

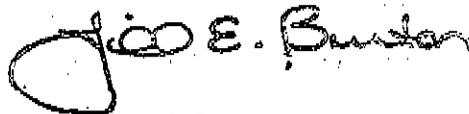
Please review the attached form concerning your hazardous waste status and fee requirements, and describe your waste minimization efforts. **Return the completed Waste Minimization Form and submit payment no later than November 30, 2000** to:

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

**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: **GREG KELLEY**  
 Facility Name: **PRILLAMAN CHEMICAL CORPORATION**  
 EPA ID Number: **NCR000005066**  
 Mailing Address: **2001 CONTINENTAL BLVD.**  
**CHARLOTTE, NC 28273**  
 Location Address: **2001 CONTINENTAL BLVD.**  
**CHARLOTTE, NC 28273**

**Reported Facility Status**

Generator Status..... 2  
 (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

<i>INVOICE</i>	<i>INVOICE</i>	<i>INVOICE</i>	<i>INVOICE</i>	<i>INVOICE</i>	<i>INVOICE</i>
CATEGORY	FEE	FACILITY STATUS		AMOUNT DUE	
Large Quantity Generator	\$ 500				
Small Quantity Generator	\$ 25	YES		25	
Transporter	\$ 600				
Treater	\$ 1200				
Storer	\$ 1200				
Disposer	\$ 1200				
Amount Past Due					
Generator Fee (Based on the 1999 HW Report)	\$ 0.50/Ton	Tons		\$ 0.00	
<b>TOTAL AMOUNT DUE</b>				<b>\$ 25.00</b>	

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

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 Hazardous Waste Section  
 ATT: Jim Edwards  
 1646 Mail Service Center  
 Raleigh, NC 27699-1646

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**CHARLOTTE, NC 28273**  
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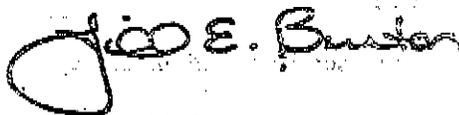
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Sincerely,



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401 OBERLIN ROAD, SUITE 150, RALEIGH, NC 27605  
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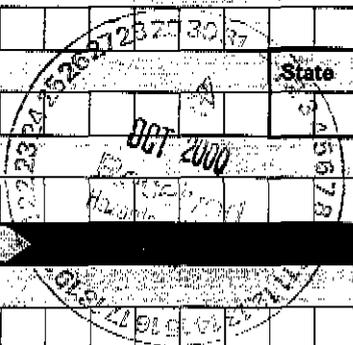
H

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 12/31/02  
GSA No. 0246-EPA-0T

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).		<h1 style="margin: 0;">Notification of Regulated Waste Activity</h1> <p style="margin: 0;">United States Environmental Protection Agency</p>		<b>Date Received</b> (For Official Use Only)	
<b>I. Installation's EPA ID Number (Mark X in the appropriate box)</b>					
<input type="checkbox"/> A. Initial Notification		<input checked="" type="checkbox"/> B. Subsequent Notification (Complete Item C)		C. Installation's EPA ID Number NC R000005066	
<b>II. Name of Installation (Include company and specific site name)</b> PAI I IMAO					
<b>III. Location of Installation (Physical address not P.O. Box or Route Number)</b>					
Street					
Street (Continued)					
City or Town				State	Zip Code
County Code		County Name			
<b>IV. Installation Mailing Address (See instructions)</b>					
Street or P.O. Box					
City or Town				State	Zip Code
<b>V. Installation Contact (Person to be contacted regarding waste activities at site)</b>					
Name (Last)			Name (First)		
MISENHEIMER			SANDY		
Job Title			Phone Number (Area Code and Number)		
OPERATIONS MGR.			704-587-4575		
<b>VI. Installation Contact Address (See instructions)</b>					
A. Contact Address Location		B. Street or P.O. Box			
City or Town				State	Zip Code
<b>VII. Ownership (See instructions)</b>					
A. Name of Installation's Legal Owner					
Street, P.O. Box, or Route Number					
City or Town				State	Zip Code
Phone Number (Area Code and Number)		B. Land Type	C. Owner Type	D. Change of Owner Indicator	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Date Changed Month Day Year	

ONLY CHANGES



ID - For Official Use Only											

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

<p><b>A. Hazardous Waste Activities</b></p> <p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input 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><input type="checkbox"/> 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity, see Instructions.</p> <p>4. Exempt Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> a. Smelting, Melting, and Refining Furnace Exemption</p> <p><input type="checkbox"/> b. Small Quantity On-Site Burner Exemption</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p><b>C. Used Oil Management Activities</b></p> <p>1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Processor</p> <p><input type="checkbox"/> b. Re-refiner</p> <p><input type="checkbox"/> 3. Off-Specification Used Oil Burner</p> <p>4. Used Oil Fuel Marketer</p> <p><input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p>
<p><b>B. Universal Waste Activity</b></p> <p><input type="checkbox"/> Large Quantity Handler of Universal Waste</p>	

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

**A. 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

**B. 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; See instructions if you need to list more than 4 toxicity characteristic waste codes.)**

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**C. Other Wastes. (State regulated 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 <i>Sandy Misenheimer</i>	Name and Official Title (Type or print) SANDY MISENHEIMER OPERATIONS MANAGER	Date Signed 10-26-00
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**XI. Comments**

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

ID - For Official Use Only											

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

A. Hazardous Waste Activities		C. Used Oil Management Activities
<p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input 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>_____</p>	<p><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.</p> <p>4. Exempt Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> a. Smelting, Melting, and Refining Furnace Exemption</p> <p><input type="checkbox"/> b. Small Quantity On-Site Burner Exemption</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Processor</p> <p><input type="checkbox"/> b. Re-refiner</p> <p><input type="checkbox"/> 3. Off-Specification Used Oil Burner</p> <p>4. Used Oil Fuel Marketer</p> <p><input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p>
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1	2	3	4	5	6
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**C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See Instructions.)**

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**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 <i>Sandy Misenheimer</i>	Name and Official Title (Type or print) SANDY MISENHEIMER OPERATIONS MANAGER	Date Signed 10-26-00
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**XI. Comments**

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(H)

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**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 (Complete Item C)	C. Installation's EPA ID Number <b>NCR000005066</b>
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**II. Name of Installation (Include company and specific site name)**  
**PRIMA**

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

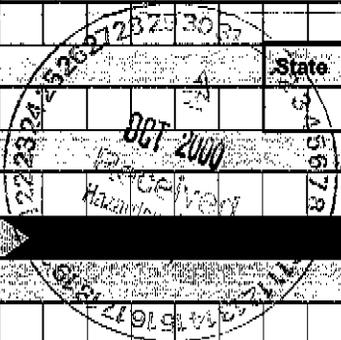
Street

Street (Continued)

City or Town

County Code    County Name

State    Zip Code



**IV. Installation Mailing Address (See instructions)**

Street or P.O. Box

City or Town

State    Zip Code

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

Name (Last)    (First)  
**MISENHEIMER    SANDY**

Job Title    Phone Number (Area Code and Number)  
**OPERATIONS MGR.    704-587-4575**

ONLY CHANGES

**VI. Installation Contact Address (See instructions)**

A. Contact Address Location    Mailing    B. Street or P.O. Box

City or Town

State    Zip Code

**VII. Ownership (See instructions)**

A. Name of Installation's Legal Owner

Street, P.O. Box, or Route Number

City or Town

State    Zip Code

Phone Number (Area Code and Number)

B. Land Type    C. Owner Type    D. Change of Owner Indicator    Date Changed (Month, Day, Year)