

1

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

<input checked="" type="checkbox"/> A. Initial Notification	<input type="checkbox"/> B. Subsequent Notification (Complete Item C)	C. Installation's EPA ID Number NICR101010571452
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**II. Name of Installation (Include company and specific site name)**

PRO LINE PRINTING

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

Street  
10519 INDUSTRIAL DRIVE

Street (Continued)

City or Town  
PINEVILLE

State  
NC

Zip Code  
28134-

County Code  
MECKLENBURG

**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)  
KELLY

(First)  
RIAN

Job Title  
GENERAL MANAGER

Phone Number (Area Code and Number)  
704-889-5800

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

A. Contact Address Location	Mailing	B. Street or P.O. Box
<input checked="" type="checkbox"/>	<input type="checkbox"/>	

City or Town

State

Zip Code

**VII. Ownership (See instructions)**

**A. Name of Installation's Legal Owner**  
JOHN BROWN

Street, P.O. Box, or Route Number  
3501 N. MACARTHUR BLVD STE 314H

City or Town  
IRVING

State  
TX

Zip Code  
75062-

Phone Number (Area Code and Number) 972-252-7265	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
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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 checked="" 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. 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>	<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>a. Transporter</p> <p>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>

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D007 D010 D011

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)	Date Signed
	Brian Kelly General Manager	7/9/99

XI. Comments

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

NORTH CAROLINA DEPARTMENT OF  
ENVIRONMENT AND NATURAL RESOURCES

DIVISION OF WASTE MANAGEMENT

September 22, 2000

1

JAMES B. HUNT JR.  
GOVERNOR

BILL HOLMAN  
SECRETARY

WILLIAM L. MEYER  
DIRECTOR

CHRIS CHASON  
Or Current Hazardous Waste Facility Contact  
PRO LINE PRINTING INC (NCR000011452)  
10519 INDUSTRIAL DR  
PINEVILLE, NC 28134

Dear Mr./Ms. CHASON:

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>.

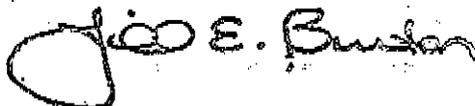
Please review the attached form concerning your hazardous waste status and fee requirements, and describe your waste minimization efforts. **Return the completed Waste Minimization Form and submit payment no later than November 30, 2000** to:

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 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: **CHRIS CHASON**  
 Facility Name: **PRO LINE PRINTING INC**  
 EPA ID Number: **NCR000011452**  
 Mailing Address: **10519 INDUSTRIAL DR**  
**PINEVILLE, NC 28134**  
 Location Address: **10519 INDUSTRIAL DR**  
**PINEVILLE, NC 28134**

**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

INVOICE		INVOICE		INVOICE		INVOICE		INVOICE		INVOICE	
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										25	
Generator Fee (Based on the 1999 HW Report)	\$ 0.50/Ton	Tons								\$ 0.00	
<b>TOTAL AMOUNT DUE</b>										<b>\$ 50.00</b>	

**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 ?**

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Contact: **CHRIS CHASON**  
 Facility Name: **PRO LINE PRINTING INC**  
 EPA ID Number: **NCR000011452**  
 Mailing Address: **10519 INDUSTRIAL DR**  
**PINEVILLE, NC 28134**  
 Location Address: **10519 INDUSTRIAL DR**  
**PINEVILLE, NC 28134**

**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			25		
Generator Fee (Based on the 1999 HW Report)	\$ 0.50/Ton	Tons	\$ 0.00		
<b>TOTAL AMOUNT DUE</b>			<b>\$ 50.00</b>		

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

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 ATT: Jim Edwards  
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 Raleigh, NC 27699-1646

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NORTH CAROLINA DEPARTMENT OF  
ENVIRONMENT AND NATURAL RESOURCES

DIVISION OF WASTE MANAGEMENT

September 22, 2000

1

JAMES B. HUNT JR.  
GOVERNOR

BILL HOLMAN  
SECRETARY

WILLIAM E. MEYER  
DIRECTOR

CHRIS CHASON  
Or Current Hazardous Waste Facility Contact  
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10519 INDUSTRIAL DR  
PINEVILLE, NC 28134

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Sincerely,

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



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401 OBERLIN ROAD, SUITE 150, RALEIGH, NC 27605  
PHONE 919-733-4996 FAX 919-715-3605

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2

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).

# Notification of Regulated Waste Activity

  
 **EPA** United States Environmental Protection Agency

Date Received  
(For Official Use Only)

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

A. Initial Notification

B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

NC R000011A392

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

PRO LINE PRINTING INC

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

Street

10519 INDUSTRIAL DRIVE

Street (Continued)

City or Town

PINEVILLE

State

NC

Zip Code

28134-

County Code

County Name

MECKLENBURG

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

10519 INDUSTRIAL DRIVE

City or Town

PINEVILLE

State

NC

Zip Code

28134-

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

Name (Last)

CHASON

(First)

CHRIS

Job Title

MAINTENANCE MGR

Phone Number (Area Code and Number)

704-889-5800

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing

B. Street or P.O. Box

10519 INDUSTRIAL DRIVE

City or Town

PINEVILLE

State

NC

Zip Code

28134-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

JOHN BROWN

Street, P.O. Box, or Route Number

10519 INDUSTRIAL DRIVE

City or Town

PINEVILLE

State

NC

Zip Code

28134-

Phone Number (Area Code and Number)

704-889-5800

B. Land Type

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed) Month Day Year

1942

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

**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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D001

**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 <i>Chris Chason</i>	Name and Official Title (Type or print) Chris Chason Maint. Mgr.	Date Signed 3-28-00
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**XI. Comments**

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

RECEIVED

MAY 20

1965

U.S. DEPARTMENT OF JUSTICE

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