

Hazardous Waste Section
File Room Document Transmittal Sheet

Your Name: BARBARA RYAN
EPA ID: NCR000166991
Facility Name: ALTEC INDUSTRIES INC
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 4/25/2016
Author of Doc: BENJAMIN GRIFFIN

File Room Use Only

Date Received by File Room:

Date Scanned:

Month	Day	Year
8	17	16

NCR000166991

Scanner's Initials:

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Waste Management
ENVIRONMENTAL QUALITY

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DONALD R. VAN DER VAART
Secretary

MICHAEL SCOTT
Director

May 17, 2016

BENJAMIN GRIFFIN
ALTEC INDUSTRIES INC
200 ALTEC WAY
MOUNT AIRY, NC 27030

RE: EPA ID # NCR000166991 - ALTEC INDUSTRIES 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: May 17, 2016

NCR000166991 ALTEC INDUSTRIES INC

County: SURRY Source Type: S Seq. Number: 16 Receive Date: 16-May-2016

Location 200 ALTEC WAY
Address: MOUNT AIRY, NC 27030

Mailing 200 PIKE WAY INC
Address: MOUNT AIRY, NC 27030

Contact Person BENJAMIN GRIFFIN 200 ALTEC WAY
 For Source (336) 786-3656 MOUNT AIRY, NC 27030
 Information US

Owner (current) ALTEC INDUSTRIES INC. 200 INVERNESS CENTER DR BIRMINGHAM, AL 35242 Type: P
 From: 01/01/1601 To: Phone: (205) 991-7333

Operator (current) ALTEC INDUSTRIES INC. 210 INVERNESS CENTER DR BIRMINGHAM, AL 35242 Type: P
 From: 01/01/1601 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: Small Quantity Generator; State: Small Quantity Generator

Transfer Facility:

Used Oil Activities

Other Hazardous Waste Generator Activities
 Importer Activity: No
 Mixed Waste Generator: No

Used Oil Transport Activity Off-Specification Used Oil Burner: No
 Transporter: No
 Transfer Facility: No Used Oil Fuel Marketer Activity

Transporter Activity: No
 TSD Activity: No
 Recycler Activity: No

Used Oil Processor and/or Re-refiner Activity Marketer who direct shipment off-specification used oil to off-specification used oil burner: No
 Processor: No
 Refiner No Marketer who first claims the used oil meets the specifications: No

Exempt Boiler and/or Industrial Furnace
 Small Quantity Onsite Burner Exemption: No
 Smelting, melting, Refining Furnace Exemption: No

Underground Injection Control: No Destination Facility for Universal Waste: No

Certification Information

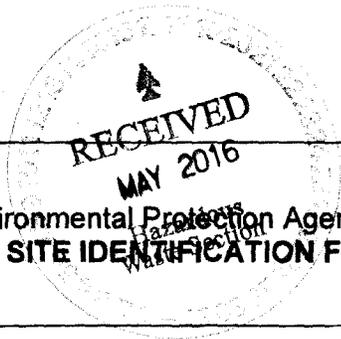
First Name : BENJAMIN Title GEN MGR
 Last Name : GRIFFIN Date Signed 04/25/2016

NAICS Codes

336211 493110 532120 811111

Comments

UPDATED 8700-12 DATED 4/25/2016 SITE CONTACT PERSON INFOR. ****MD 5/17/2016



<p>SEND COMPLETED FORM TO: The Appropriate State or Regional Office.</p>	<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>		
<p>1. Reason for Submittal</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)</p> <p><input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</p> <p><input type="checkbox"/> 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)</p>		
<p>2. Site EPA ID Number</p>	<p>EPA ID Number <u>NCR000166991</u></p>		
<p>3. Site Name</p>	<p>Name: <u>Altec Industries, Inc.</u></p>		
<p>4. Site Location Information</p>	<p>Street Address: <u>200 Altec Way</u></p>		
	<p>City, Town, or Village: <u>Mount Airy</u></p>	<p>County: <u>Surry</u></p>	
	<p>State: <u>NC</u></p>	<p>Country: <u>USA</u></p>	<p>Zip Code: <u>27030</u></p>
<p>5. Site Land Type</p>	<p><input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		
<p>6. NAICS Code(s) for the Site (at least 5-digit codes)</p>	<p>A. <u>336211</u></p>	<p>C. <u>493110</u></p>	
	<p>B. <u>532120</u></p>	<p>D. <u>811111</u></p>	
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: <u>200 Altec Way</u></p>		
	<p>City, Town, or Village: <u>Mount Airy</u></p>		
	<p>State: <u>NC</u></p>	<p>Country: <u>USA</u></p>	<p>Zip Code: <u>27030</u></p>
<p>8. Site Contact Person</p>	<p>First Name: <u>Benjamin</u></p>	<p>MI:</p>	<p>Last: <u>Griffin</u></p>
	<p>Title: <u>General Manager</u></p>		
	<p>Street or P.O. Box: <u>200 Altec Way</u></p>		
	<p>City, Town or Village: <u>Mount Airy</u></p>		
	<p>State: <u>NC</u></p>	<p>Country: <u>USA</u></p>	<p>Zip Code: <u>27030</u></p>
	<p>Email: <u>ben.griffin@altec.com</u></p>	<p>Phone: <u>336-786-3656</u></p>	<p>Ext.:</p>
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: <u>Altec Industries, Inc.</u></p>		<p>Date Became Owner: <u>01/01/60</u></p>
	<p>Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		
	<p>Street or P.O. Box: <u>210 Inverness Center Drive</u></p>		
	<p>City, Town, or Village: <u>Birmingham</u></p>		<p>Phone: <u>205/991-7333</u></p>
	<p>State: <u>AL</u></p>	<p>Country: <u>USA</u></p>	<p>Zip Code: <u>35242</u></p>
	<p>B. Name of Site's Operator: <u>Altec Industries FNC.</u></p>		<p>Date Became Operator: <u>01/01/60</u></p>
<p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>			

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.

D001					
D002					
D009					
F003					
F005					

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.

Deaver, Melodi

From: Jan.Nordcliff@altec.com
Sent: Tuesday, May 17, 2016 10:46 AM
To: Deaver, Melodi
Subject: RE: New EPA Id letter for Altec Industries Inc.
Attachments: Mt Airy 8700-12 version 3.pdf

Good morning! I had emailed you a revised form on April 6th, indicating the address change. I know, it's confusing - we acquired the site and it was 200 Pike Way. I sent in the 4/6/16 revision because now it's 200 Altec Way. And now this is version 3 because the contact person has changed.

The EPA ID number is the one originally issued to Altec for that site, so it would not need to be changed.

Hope that helps! Let me know if I need to re-send the one indicating the street name change.

Thank you so much for your help!

Jan Nordcliff
Regional EH&S Representative
Altec Inc.
1550 Aerial Avenue
Creedmoor, NC 27522
tel : 919-528-8053
cell: 919-749-8264
fax: 919-528-8091
jan.nordcliff@altec.com



From: "Deaver, Melodi" <melodi.deaver@ncdenr.gov>
To: "Jan.Nordcliff@altec.com" <Jan.Nordcliff@altec.com>
Date: 05/17/2016 07:55 AM
Subject: RE: New EPA Id letter for Altec Industries Inc.

Ms. Nordcliff,

In our data system the facility Site location address is 200 Pike Way in Mount Airy, NC. The 8700-12 form that I received has 200 Altec Way. I need to know if this facility is at the same location or relocated? If the facility has relocated then the address at 200 Pike Way the Id number will have to be deactivated.

Thank you,

Melodi (Mel) Deaver
Processing Assistant
Financial & Info Management Unit
Hazardous Waste Section

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

12. Notification of Hazardous Secondary Material (HSM) Activity

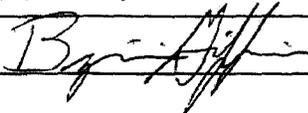
Y N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes," you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

Multiple empty horizontal lines for providing comments.

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)
	Benjamin Griffin, General Manager	04/25/2016