89-8301 3-16-16

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ADEM Form 8700-12 M3 5/2014

(For ADEM Use Only)

RECEIVED MAR 2016 Air Division

Please refer to the *ADEM Form 8700-12 Notification Form Instructions* before completing this form. Information requested here is required by law (§ 3010 of the *Resource Conservation and Recovery Act*).

ADEM

Notification of Regulated Waste Activity

JH 115

Alabama Department of Environmental Management

I. Notification Class *(Check appropriate box and enter ID number, if known.)*

☐ Initial Notification ☒ Annual Notification

Facility's EPA ID Number: ALR000003236

II. Operating Name of Facility *(Include company and specific site name)*

MESKER DOOR, LLC

Operating Name of Facility *(Continued)*

III. Change of Facility Name? ☒ No ☐ Yes *(If Yes, enter previous name of Facility below.)*

IV. Location of Facility *(Physical address not P. O. Box or Route Number)*

Street: 3440 STANWOOD BLVD NE

City or Town: HUNTSVILLE State: AL Zip Code: 35811 –

V. Geographic Location *(See Instructions)*

Method: C O S Latitude: 34.46 50 797 N Longitude: 086.31 27 732 W

County Name: MADISON

VI. Facility Contact *(Person to be contacted regarding waste activities at site)*

Name *(First)*: HEATH *(Last)*: BARNETT

Job Title: LEAN MANUFACTURING MANAGER Phone Number *(Area Code and Number)*: 256 – 851 – 6670 Ext.

Contact Email Address *(Optional)*: hbarnett @ meskergroup.com

VII. Facility Mailing Address *(See Instructions)*

Street or P. O. Box: 3440 STANWOOD BLVD. NE

City or Town: HUNTSVILLE State: AL Zip Code: 35811 –

VIII. Description of Facility Processes *(See instructions for NAICS Code listings)*

A. Facility Process In the space provided below, describe each of the processes at your facility that produce Regulated Wastes.

1. MANUAL HAND SPRAY PAINT BOOTH
2. AUTOMATIC SPRAY PAINT BOOTH
3. PAINT BOOTH PEEL OFF COATING
4. DOOR PANEL INSULATION APPLICATION
5.

B. NAICS Codes: Enter the North American Industry Classification System (NAICS) Code of the overall production, distribution, or service activity of your site. Also, provide any additional NAICS Codes that describe the specific industrial processes that are used.

Primary	2	3	4	5
332321	33299			

Continued on Next Page

IX. Ownership (*See Instructions*)

A. Legal Name of Facility

MESKER DOOR, LLC

B. Name of Facility's Legal Owner

MESKER DOOR, LLC

Street, P. O. Box or Route Number

3440 STANWOOD BLVD NE

City or Town	State	Zip Code
HUNTSVILLE	AL	35811

Phone Number (*Area Code and Number*)	C. Land Type	D. Owner Type	E. Operator Type	Change of Owner Indicator	Date Changed Month	Day	Year
256 - 851 - 6670	P	P	P	Yes [ ] No [X]			

F. Name of Facility's On-Site Operator

SAME

Street, P. O. Box or Route Number

City or Town	State	Zip Code

Phone Number (*Area Code and Number*)

- - Ext.

G. Name of Facility's Parent Company

SAME

Street, P. O. Box or Route Number

City or Town	State	Zip Code

Phone Number (*Area Code and Number*)

- - Ext.

Change of Owner Indicator: Yes [ ] No [ ]

Date Changed: Month / Day / Year

H. Name of Facility's Property Owner

SAME

Street, P. O. Box or Route Number

City or Town	State	Zip Code

Phone Number (*Area Code and Number*)

- - Ext.

Change of Owner Indicator: Yes [ ] No [ ]

Date Changed: Month / Day / Year

Facility's EPA ID Number

ALR000003236

(*Continued on Next Page*)

X. Certification Status

Note: Pursuant to Rules 335-1-6 of the ADEM Administrative Code, all Notification Forms submitted to the Department must include the appropriate certification fee in order to be complete.

During at least 1 month of the next 12 months, this facility will operate and/or maintain: *(Check all that apply)*

A. Hazardous Waste Activities *(Attach Schedule A)*

1. ☐ Large Quantity Generator ≥ 2,200 lbs/month (≥ 1,000 kg/month)
2. ☐ Small Quantity Generator between 221 and 2,199 lbs/month (between 101 and 999 kg/month)
3. ☒ Conditionally Exempt Generator ≤ 220 lbs/month (≤ 100 kg/month)

(Note: Household generation is exempt under 335-14-2-.01(4)(b)1.)

4. ☐ **Not** a generator (Schedule A not required for this option)
5. ☐ Transporter/Transfer Facility
6. ☐ Treatment Facility – Combustion
7. ☐ Treatment Facility – Other than Combustion
8. ☐ Storage Facility
9. ☐ Disposal Facility

B. Used Oil Activities *(Attach Schedule B)*

1. ☐ Generator (≥ 25 gallons/month)
2. ☐ Transporter/Transfer Facility
3. ☐ Processor/Re-refiner
4. ☐ Fuel Marketer
5. ☐ Burner

C. Universal Waste Activities *(Attach Schedule C)*

1. ☐ Universal Waste Transporter
2. ☐ Large Quantity Handler ≥ 11,020 lbs (> 5,000 kg)
3. ☐ Small Quantity Handler <11,020 lbs (< 5,000 kg)

Any ADEM Form 8700-12 submitted without all appropriate waste schedules and certification fees will not be processed.

XI. 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
[signature]	KEVIN GOLD Chief Operating Officer	2.19.16

XII. Comments

	Date Processed (for Official Use Only)

Mail completed form, a check or money order for all appropriate certification fees, and all necessary schedules and attachments to:

Alabama Department of Environmental Management
Land Division
P. O. Box 301463
Montgomery, AL 36130-1463

Facility's EPA ID Number
ALR000003236

XIII. Additional Information Sheet

Please print or type in the unshaded areas only

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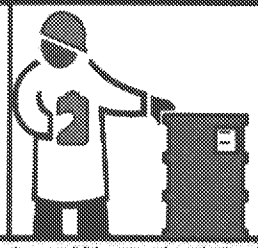

ADEM Form 8700-12

Schedule A

Certification of Hazardous Waste Management

I. Type of Hazardous Waste Activity *(Mark 'X' in the appropriate boxes; See Instructions)*

- [X] **A. Hazardous Waste Generator**
  - [ ] 1. 2,200 lbs *(1,000 kg)* per month or more *(LQG)*
  - [ ] 2. 221 to 2,199 lbs *(101 - 999 kg)* per month *(SQG)*
  - [X] 3. 220 lbs *(100 kg)* per month or less *(CESQG)*
  - [ ] 4. United States Importer of Hazardous Waste
- [ ] **B. Hazardous Waste Transporter/Transfer Facility** ††
  - [ ] 1. Commercial Transporter *(received wastes from others)*
    - [ ] a. Air
    - [ ] b. Rail
    - [ ] c. Highway
    - [ ] d. Water
    - [ ] e. Other *(Specify)* _____
  - [ ] 2. Self Transporter *(Own Waste Only)*
  - [ ] 3. Transfer Facility
    - [ ] a. Loaded trucks
    - [ ] b. Off-loaded containers
    - [ ] c. Bulk Transfer between vehicles
- [ ] **C. Treatment, Storage, Disposal Facility** (at Facility) ††
  - [ ] 1. Facilities subject to Permit
    - [ ] a. Operating Units
    - [ ] b. SWMU CA
    - [ ] c. Post Closure Care
    - [ ] d. Other *(Specify)* _____
  - [ ] 2. Permit Exempt Treatment *(subject to ADEM verification)*
    - [ ] a. WWTU/ENU
    - [ ] b. Recycling Unit
    - [ ] c. TETF
    - [ ] d. Generator Evaporation
    - [ ] e. Generator Physical Processing
    - [ ] f. Other *(Specify)* _____
- [ ] **D. Hazardous Waste Fuel Activity** ††
  - [ ] 1. Blender Marketing to Burner
  - [ ] 2. Other Marketers
  - [ ] 3. Boiler and/or Industrial Furnace
    - [ ] a. Smelter Deferral
    - [ ] b. Small Quantity Exemption
- [ ] **E. Recycling Activities** *(Specify)* _____

†† **NOTE:** *A permit may be required for this activity. Contact (334) 271-7730 for more information.*

II. Hazardous Waste Generation

A. Waste Description *In the space provided, list the types of regulated waste typically generated or handled by your Facility.* Attach additional sheets as necessary.

Types of Waste Generated	Estimated Yearly Generation *in lbs.*
1. Old Solvent for paint thinner	
2. CLR PIPE CLEANER for MAINTENANCE	
3. WASH LINE CLEANER	
4.	

B. Characteristics of Nonlisted Hazardous Wastes. *[Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your Facility handles; See 335-14-2-.03(1) - (5). Additional spaces are available on the Supplemental page if you need to list more hazardous waste numbers.]*

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))			
[ ]	[ ]	[ ]	[ ]	D	D	D	D
D 001		D		D	D	D	D
D 002		D		D	D	D	D
D		D		D	D	D	D

C. Listed Hazardous Wastes. *(See 335-14-2-.04(2) - (4)); Attach the Supplemental page if you need to list more hazardous waste numbers.*

1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24

(Continued on Next Page)

Facility's EPA ID Number: ALR000003236

II. Hazardous Waste Generation *(continued)*

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

III. Hazardous Waste Transporter/Transfer Facility

During a typical year, this facility transports/transfers 0 *(quantity in pounds)* of Hazardous Waste.

IV. Treatment, Storage, Disposal Facility *(at Facility)*

During a typical year, this facility treats 0 *(quantity in pounds)* of Hazardous Waste.

During a typical year, this facility stores 0 *(quantity in pounds)* of Hazardous Waste.

During a typical year, this facility disposes 0 *(quantity in pounds)* of Hazardous Waste.

V. Hazardous Waste Fuel Activity

During a typical year, this facility markets 0 *(quantity in pounds)* of Hazardous Waste.

During a typical year, this facility combusts 0 *(quantity in pounds)* of Hazardous Waste.

VI. Recycling Activity

During a typical year, this facility recycles 0 *(quantity in pounds)* of Hazardous Waste.

Note: In order for this schedule to be accepted by ADEM, it must be attached to a completed Notification of Regulated Waste Activity, ADEM Form 8700-12, and must include the appropriate certification fees, as required by 335-1-6.

Comments:

Facility's EPA ID Number
ALR000003236

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ADEM Form 8700-12

Schedule B

Certification of Used Oil Management

I. Type of Used Oil Management Activity *(See Instructions)*

☒ **A. Used Oil Generator/Collector**

- ☒ 1. On-site Generation Only
- ☐ 2. Do-it-yourself Collection Center (i.e., from off-site source)
- ☐ 3. Collection Center (i.e., from off-site source)
- ☐ 4. Aggregation Point (i.e., from off-site source)

☐ **B. Used Oil Fuel Marketer**

- ☐ 1. Directs Shipment of Used Oil to Off-Specification Burner
- ☐ 2. First Claims Used Oil Meets Specifications
- ☐ 3. Burns Only Used Oil Generated On-site as On-Specification Fuel

☐ **C. Off-Specification Used Oil Fuel Burner**

- ☐ 1. Burns Only Off-Specification Used Oil Generated On-Site
- 2. Indicate Type(s) of Devices
  - ☐ a. Utility Boiler
  - ☐ b. Industrial Boiler
  - ☐ c. Industrial Furnace

☐ **D. Used Oil Transporter ††**

- ☐ 1. Only For Used Oil Generated On-site
- ☐ 2. Operates a Transfer Facility

☐ **E. Used Oil Processor/Re-refiner**

†† **NOTE:** *A permit is required for this activity. Contact (334) 271-7758 for more information*

II. Used Oil Generation

During a typical year, this facility collects/generates 550 *(quantity in pounds)* of Used Oil.

III. Used Oil Fuel Marketer

During a typical year, this facility markets 0 *(quantity in pounds)* of Used Oil.

IV. Used Oil Burner

During a typical year, this facility burns 0 *(quantity in pounds)* of Used Oil.

V. Used Oil Transporter

During a typical year, this facility transports 0 *(quantity in pounds)* of Used Oil.

VI. Used Oil Processor/Re-refiner

During a typical year, this facility processes/re-refines 0 *(quantity in pounds)* of Used Oil.

Note: In order for this schedule to be accepted by ADEM, it must be attached to a completed Notification of Regulated Waste Activity, ADEM Form 8700-12, and must include the appropriate certification fees, as required by 335-1-6.

Comments:

Facility's EPA ID Number: ALR000003236

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ADEM Form 8700-12M3 5/2014
(for ADEM Use Only)

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ADEM Form 8700-12

Schedule C

Certification of Universal Waste Management

I. Type of Universal Waste Activity *(See Instructions)*

☐ A. Universal Waste Transporter

☐ B. Large Quantity Handler — Estimated Yearly Amount (in lbs.)

1. Battery(ies) _____
2. Pesticide(s) _____
3. Thermostat(s) _____
4. Lamps _____
5. Other *(specify)* _____ _____

☒ C. Small Quantity Handler — Estimated Yearly Amount (in lbs.)

1. Battery(ies) _____
2. Pesticide(s) _____
3. Thermostat(s) _____
4. Lamps 96
5. Other *(specify)* _____ _____

II. Universal Waste Transporter

During a typical year, this facility transports 0 *(quantity in pounds)* of Universal Waste.

III. Universal Waste Destination Facility

During a typical year, this facility receives 0 *(quantity in pounds)* of Universal Waste.

Note: In order for this schedule to be accepted by ADEM, it must be attached to a completed Notification of Regulated Waste Activity, ADEM Form 8700-12, and must include the appropriate certification fees, as required by 335-1-6.

Comments:

Facility's EPA ID Number
ALR000003236

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