EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act *(RCRA)*. Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

MDD985389725

MELFA LYNN PURCHASING AGENT
MRI MECHANICAL
4501 PULASKI HWY
BELCAMP MD 21017

INSTALLATION ADDRESS

4501 PULASKI HWY
BELCAMP MD 21017

EPA Form 8700-12B (6-90)

MAR 22 REC'D

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

Form Approved. OMB No. 2050-0028. Expires 10-31-91. EPA No. 1249, EPA-1

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law *(Section 3010 of the Resource Conservation and Recovery Act)*.

EPA Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only): JUL 22 1991

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

[X] A. First Notification

[ ] B. Subsequent Notification *(complete item C)*

C. Installation's EPA ID Number: MDP000005041

II. Name of Installation *(Include company and specific site name)* MDD985389725

MRI MECHANICAL

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

Street: 4501 Pulaski Highway

Street (continued):

City or Town: Belcamp | State: MD | ZIP Code: 21017-

County Code: 025 | County Name: Harford

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box: SAME

City or Town: | State: | ZIP Code: -

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

Name (last): Melfa | (first): Lynn

Job Title: PurchasingAgent | Phone Number (area code and number): 301-575-7600

VI. Installation Contact Address *(See Instructions)*

A. Contact Address: Location [X] Mailing [ ]

B. Street or P.O. Box:

City or Town: | State: | ZIP Code: -

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: M L McGuire

Street or P.O. Box or Route Number: 4501 Pulaski Highway

City or Town: Belcamp | State: Md | ZIP Code: 21017-

Phone Number (area code and number): 301-575-7600 | Type of Owner: P P X | (Date Changed) Month Day Year

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

Form Approved. OMB No. 2050-0028. Expires 1-31-9
GSA No. 0246-EPA-DT

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GENERAL STATE SECTION

JUN 12 1991

ID - For Official Use Only

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

A. Hazardous Waste Activity

1. Generator (See Instructions)
   - [ ] a. Greater than 1000kg/mo (2,200 lbs.)
   - [ ] b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
   - [X] c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - [ ] a. For own waste only
   - [ ] b. For commercial purposes

   Mode of Transportation
   - [ ] 1. Air
   - [ ] 2. Rail
   - [ ] 3. Highway
   - [ ] 4. Water
   - [ ] 5. Other - specify
3. [ ] Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Burner - indicate device(s) - Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
5. [ ] Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketer
   - [ ] c. Burner - Indicate device(s) - Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
2. [ ] Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

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. EP Toxic (D000)	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
X				~~1 2 6 3~~

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 an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature	Name and Official Title *(type or print)*	Date Signed
	M.L. McGuire/President	5/16/91

RECEIVED
JUN 6 1991
WASTE DIVISION

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

STATE OF MARYLAND
DEPARTMENT OF THE ENVIRONMENT
HAZARDOUS AND SOLID WASTE MANAGEMENT ADMINISTRATION
ENFORCEMENT PROGRAM
2500 BROENING HIGHWAY
BALTIMORE, MARYLAND 21224
(301) 631-3400

FI 91.08.16.HA.221 Inspector: ELAINE DETOISE Date: 8/16/91

GENERATOR CHECKLIST

Facility Name: MRI CORPORATION

Address: 4501 PULASKI HWY BALTIMORE, MD 21217

Facility Representative: DON BEDERIDGE MR. LYNN MELTA Telephone No.: (301) 575-7600

Description of Work Activity: MANUFACTURE OF STORAGE TANKS

EPA Identification Number? M-D-D-9-8-5-3-8-9-7-2-5

Section A - Hazardous Waste Determination

1. Does facility generate hazardous waste(s) as defined in COMAR 26.13.02.10 - .19?..... X Yes ___ No
   If yes, under which catagory is the waste?

   X Ignitable ___ Corrosive ___ Reactive ___ EP Toxic ___ RCRA Listed
   X TCLP - D035
2. Describe the amount of waste generated (day, week or month)

   <100 KGS / MONTH; STORAGE IN EXCESS 100 KGS PRIOR TO REMOVAL; WASTE THEREFORE REGULATED, AS PER 26.13.02.05 D(3)(b)

Section B - Manifest (26.13.03.04)

1. Does generator ship waste off-site?..... X Yes ___ No
   (If no, do not complete sections B and C)
2. Does generator use manifest?..... X Yes ___ No
   If no, explain: ___
3. Does generator retain copies of manifests?..... X Yes ___ No ___ N/A
   If yes, does the manifest include the following information? (26.13.03.04C)
   - -Manifest document number?..... X Yes ___ No ___ N/A
   - -Generator's name, mailing address and telephone number?..... X Yes ___ No ___ N/A
   - -Generator's EPA I.D. number?..... X Yes ___ No ___ N/A
   - -Transporter name(s) and EPA I.D. number(s)?..... X Yes ___ No ___ N/A
   - -Designated TSDF name, address, and EPA I.D. number?..... X Yes ___ No ___ N/A
   - -Alternate TSDF name, address, and EPA I.D. number?..... ___ Yes ___ No X N/A
   - -Instructions to return waste to generator if undeliverable?..... ___ Yes ___ No X N/A
   - -Description of the waste required by DOT regulations?..... X Yes ___ No ___ N/A

PRINTED ON RECYCLED STOCK

-Quantity of each hazardous waste by units of weight or volume?....X Yes___No___N/A
-Total number and types of containers given to transporter?.....X Yes___No___N/A
-Is the proper certification noted on each manifest?.....X Yes___No___N/A

4. Has the generator signed and dated manifests (26.13.03.04E)?.....X Yes___No___N/A
5. Did the generator obtain initial transporter's signature and date of acceptance?.....X Yes___No___N/A
6. Do returned copies of manifest include facility owner/operator signature and date of acceptance?.....X Yes___No___N/A
7. Have manifests been retained for three years?.....X Yes___No___N/A

Section C - Pre-Transport Requirements (26.13.03.05) ___N/A

1. Does generator package wastes in accordance with DOT requirements?....X Yes___No
2. Are containers in good condition?.....X Yes___No
   If no, explain:_____
3. Is the date that accumulation time began clearly marked and visible for inspection on each container?.....X Yes___No
4. Is period of accumulation less than 90 days?.....X Yes___No
   -If no, is amount accumulated less than 500 kg or less than 1 kg of acute hazardous waste?.....___Yes___No X N/A
   -If no, explain:_____
5. Is "SATELLITE ACCUMULATION" no more than 55 gallons of hazardous waste or 1 quart of acutely hazardous waste?.....___Yes___No X N/A
6. Are containers in good condition, closed, and clearly marked "HAZARDOUS WASTE"?.....X Yes___No X N/A

Section D - Recordkeeping and Reporting (26.13.03.06)

1. Does the generator keep the following reports for three years?
   -Manifests and signed copies from designated facilities?.....X Yes___No
   -Annual Reports?.....X Yes___No
   -Exception Reports?.....___Yes___No X N/A
   -Waste Analyses?.....X Yes___No___N/A

Section E - Special Conditions (26.13.03.07)

1. Has the generator received from or transported to a foreign country any hazardous waste(s)?.....___Yes X No
   -If yes, has a notice been filed with MDE and EPA?.....___Yes___No X N/A
   -Is this waste manifested and signed by a foreign consignee?.....___Yes___No X N/A
   -If generator transported wastes out of the country, has confirmation of delivery been received?.....___Yes___No X N/A

Section F - General Requirements (26.13.03.05E)

Personnel Training (26.13.05.02G)

1. Does the owner/operator maintain personnel training records?.....X Yes___No
   If yes, do they include:
   -Job title and written job description of each position?.....___Yes X No
   -Description of type and amount of training?.....X Yes___No
   -Records of training given to facility personnel?.....X Yes___No

Preparedness and Prevention (26.13.05.03)

1. Is there evidence of fire, explosion, or contamination of the environment?.....___Yes X No

2. Is the facility equipped with:
   a. Internal communication or alarm system?..... X Yes ___ No
   b. Telephone or two-way radio to call emergency response personnel?..... X Yes ___ No
   c. Portable fire extinguishers, fire control equipment, spill control equipment, and decontamination equipment?..... X Yes ___ No
   d. Water of adequate volume for hoses, sprinklers, or water spray system?..... X Yes ___ No
3. Is there sufficient aisle space to allow unobstructed movement of personnel and equipment in an emergency?..... X Yes ___ No
4. Has the owner/operator made arragements with the local authorities to familiarize them with characteristics of the facility?..... X Yes ___ No
5. In the case that more than one police or fire department might respond, is there a designated primary authority?..... X Yes ___ No
6. If State or local authorities decline to enter into these arrangements,, has this been documented in the operating log?..... ___ Yes ___ No X N/A

Contingency Plan and Emergency Procedures (26.13.05.04)

1. Is a contingency plan maintained at the facility?..... X Yes ___ No
   If yes, does contingency plan include:
   -Arrangements with local emergency response organizations?..... X Yes ___ No
   -Emergency coordinators' names, phone numbers, and addresses?..... X Yes ___ No
   -List of all emergency equipment at the facility and description of equipment?..... ___ Yes X No
   -Evacuation plan for facility personnel?..... ___ Yes X No
2. Is there an emergency coordinator on site or on call at all times?..... X Yes ___ No
3. Has a copy of the Contingency plan been submitted to local or State agencies that may be asked to provide emergency services?..... X Yes ___ No
4. Has the plan ever been implemented?..... ___ Yes X No
   -If so, was the plan appropriate?..... ___ Yes ___ No X N/A
   If the plan was <u>not</u> appropriate, has it been amended?..... ___ Yes ___ No X N/A
   -If the plan was implemented, was the incident recorded in the operating log and was a written report submitted to MDE?..... ___ Yes ___ No X N/A

Use and Management of Containers (26.13.05.09)

1. Are containers in good condition?..... X Yes ___ No
2. Is container made of a material that will not react with the waste which it stores?..... ___ Yes ___ No X N/A
3. Are containers always closed when holding hazardous waste?..... X Yes ___ No
4. Are containers handled so that they will not be opened, handled, or stored in a manner which may rupture them or cause them to leak?... X Yes ___ No
5. Does owner/operator inspect containers at least weekly for leaks and deterioration?..... X Yes ___ No
6. Do container storage areas have adequate containment systems?..... ___ Yes X No
7. Are containers holding ignitable and reactive waste located at least 15m (50 ft) from facility property lines?..... X Yes ___ No ___ N/A
8. Are incompatible wastes or materials placed in the same containers?... ___ Yes ___ No X N/A
9. Are hazardous wastes placed in washed, clean containers when they previously held incompatible waste?..... ___ Yes ___ No X N/A
10. Are incompatible hazardous wastes separated from each other by a berm, dike, wall, or other device?..... ___ Yes ___ No X N/A

Annual Reports (26.13.03.06B)

1. Does the facility submit annual reports to MDE?..... X Yes ___ No
   If yes, do reports contain the following information?
   a) Name, address and EPA I.D. number of facility?..... X Yes ___ No
   b) Date and year covered by report?..... X Yes ___ No
   c) Description/quantity of hazardous waste?..... X Yes ___ No
   d) Description of efforts to reduce volume/toxicity of waste generated, and actual comparisons with previous year?..... X Yes ___ No
   e) Certification signed by owner/operator?..... X Yes ___ No

Section G - Other Checklists Completed: X N/A

___ Tanks
___ Transporter
___ Land Disposal Restrictions
___ TSD Facility
___ Surface Impoundment
___ Waste Pile
___ Land Treatment
___ Landfill
___ Incinerator
___ Thermal Treatment
___ Groundwater Monitoring

Section H - Additional Comments

I conducted an inspection of this facility in order to determine the generator status and waste management practices. Donald Bierbidge and Gene McPherson the facility representatives present during the time.

A NRT Mechanical manufactures storage tanks water heaters and other types of units. The primary manufacturing processes consist of welding the metal tanks together and the painting of the assembled units. Materials such as pipes, hoses, hydraulic lines and waste paint related material constitute of minor quantities and thus not. The waste paint material has been characterized as hazardous. All wastes are stored at an outside location

AS PER MR. BEVERIDGE

State of Maryland
Department of the Environment
Hazardous and Solid Waste Management Administration
2500 Broening Highway, Baltimore, Maryland 21224

Report of Observations

Type of Inspection/Observations: Generator # MRD985389725 Date 8/16/91

Facility Name: ARI Corp. Belcamp Harford Co., MD.

Remarks: adjacent to the facility and facility parking lot. Observed one 55 gallon drum of HW waste paint thinner mixture. The drum was full and labeled and marked in accordance with Comar 26.13.03.05 E(1)(c+d). The drum was in good condition and was closed. However, observed no secondary containment.

The initial shipment of hazardous waste from ARI occurred 8/3/90. As described on manifest # MDC 023663, 55 gallons of D001 characteristic ignitable hazardous waste were removed by Chemical Waste (# DC 981735244). The waste was managed by Chemica Corporation of Georgia (TSD # GAD 093386814). The next and most recent shipment of the paint and thinner mixture waste occurred on 3/25/91. As described on manifest # AR 483937, 150 gallons (3 55 gallon drums) of D001 characteristic ignitable (D035 as well) hazardous waste were removed again by Chemical Waste. The waste was managed by Rineco Chemical Industries of Hartwell Benton Arkansas (TSD # ARD 980057870). The TSD provided to the generator a notification describing that the waste was disposed of in full by reclamation as the material was either distilled or blended into fuels for cement kiln incineration!!

Based on the information described above and on my observations, ARI Corporation generates less than 100 KGS of hazardous waste per month. However it is evident that the generator stores quantities in excess of 100 KGS prior to removal and subsequent disposal. Therefore these wastes are subject to all applicable requirements of Comar 26.13.03 - 26.13.07, as described by Comar 26.13.02.05 D(3)(b).

ARI submitted the initial Annual Report

Observer: Eugene W. McCaid Person Interviewed: [illegible]

State of Maryland
Department of the Environment
Hazardous and Solid Waste Management Administration
2500 Broening Highway, Baltimore, Maryland 21224

Report of Observations

Type of Inspection/Observations: GENERATOR MD0985369725 Date 8/16/91

Facility Name: MRI Corp. Belcamp Harford Co., MD.

Remarks: which describes a possible generator Family for 1990, no one employee as described below.

MRI has received personnel training as required by Code 26.13.03.05E(1)(e). However as stated herein, job descriptions and written information were lacking as Code 26.13.05.02B. MRI demonstrated appropriate and knowledge as required within Code 26.13.03.05E(1)(e) and as described within Code 26.13.05.03. A Contingency Plan is maintained and approved by the Harford County Emergency Response Authorities. The plan describes a majority of the conditions described within Code 26.13.05.04, as required by Code 26.13.03.05E(1)(e). Required information pertaining to the location of emergency equipment and communications and contact numbers for the emergency authorities were lacking.

DIRECTIVE

1) Create a formal adequate decontamination containment area in accordance with the specifications described within Code 26.13.05.09H.

2) Update personnel training program to include all information described above as lacking as per the conditions described within Code 26.13.05.02B.

3) Update Contingency Plan to include all the information described above as lacking as per the conditions described within Code 26.13.05.04. A copy of the Contingency Plan must be provided to the Maryland Department of the Environment - Hazardous and Solid Waste Management Administration.

ver: Eugene W. DeCarlo Person Interviewed:

State of Maryland
Department of the Environment
Hazardous and Solid Waste Management Administration
2500 Broening Highway, Baltimore, Maryland 21224

Report of Observations

Type of Inspection/Observations: RCRA CSE MDD980389725 Date 8/30/91

Facility Name: ART CORPORATION BEL CAMP HARFORD CO, MD.

Remarks: On the above referenced date, I performed a follow up inspection of this facility in order to determine compliance with my directive issued on 8/16/90. During the time of this follow up inspection I observed the following:

1) An adequate containment area consisting of a fabricated metal storage structure with concrete beams and dust area, constructed to the construction meet all the requirements detailed within COMAR 26.13.05.09 H "Containment" as required by "Pre-Transportation Requirements" detailed within COMAR 26.13.03.05 E (1).

2) Personnel training files have been updated to include information pertaining to required updates and job descriptions. The files have been updated in accordance with COMAR 26.13.05.02 G - "PERSONNEL TRAINING" as required by COMAR 26.13.03.05 E (1).

3) ART has updated the Contingency Plan in accordance with the requirements detailed within COMAR 26.13.05.04 F - "Contingency Plan" as required at COMAR 26.13.03.05 E (1); and adequate equipment that revealed the types and locations of facility emergency equipment and communications has been documented.

Observer: [illegible] Person Interviewed: