



State of Ohio Environmental Protection Agency

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P.O. Box 1049  
Columbus, OH 43216-1049

December 28, 2009

Mr. Brad L. Strawser  
Strawser Steel Drum of Ohio, Ltd.  
P.O. Box 637  
Blacklick, OH 43004-0637

Re: **Strawser Steel Drum of Ohio, Ltd.**  
**Franklin County, SQG OHD 981201205**  
**NOV-RTC**

Dear Mr. Strawser:

Thank you for your assistance during my inspection visit to your 1410 Blatt Blvd. facility in Blacklick, Ohio on November 19, 2009. Thanks also for the follow-up information received from your company staff by emails on December 16 and 17, 2009. The purpose of the inspection was to review your facility's generation and management of hazardous waste. Ohio's laws under Chapter 3745 of the Ohio Administrative Code and Chapter 3734 of the Ohio Revised Code establish a system for safe and responsible management of these wastes. This letter summarizes the inspection findings.

Based on the information available at the time of my visit, the aqueous paint waste is unlikely to be hazardous waste and your facility definitely appears to have reduced its regulatory status down to that of a Small Quantity Generator.

The following violations were noted, and have now each been resolved:

1. **Satellite Accumulation Container Marking, OAC rule 3745-52-34(C)(1)(b):** Containers of hazardous waste at or near the point of generation, must be marked as

"Hazardous Waste" or with other appropriate words to identify the contents.

Several 5-gallon buckets of ignitable drum liner resin coating waste near the interior spray process line machine, were unmarked.

*This has been resolved as of 12/17/09. The buckets were replaced by a single drum that is properly marked.*

Ted Strickland, Governor  
Lee Fisher, Lieutenant Governor  
Chris Korleski, Director

2. **Accumulation Container Marking, OAC rule 3745-52-34(D)(4):** Containers of hazardous waste must be marked with the accumulation start date. 3A(1)(2)

About eight of the drums in the central accumulation shed had hazardous waste labels but no marked start dates. This problem was corrected by your staff during my visit.

*The problem has been resolved, as noted above.*

3. **Emergency Contact information posting, OAC rule 3745-52-34(D)(5)(b):** The following must be posted by the telephone: name and phone number of emergency coordinator, location of fire and spill control equipment, and if present, fire alarms, and telephone number of local fire department.

The required information was not posted at the time of my inspection.

*A copy of an emergency posting sheet now in use, was received on December 16, 2009 as evidence of this correction being completed.*

4. **Weekly Container Inspection Log Recordkeeping, OAC rule 3745-66-74:** Container accumulation areas must be inspected weekly with the activity recorded in a log or summary.

The log records were not being kept at the time of my inspection visit.

*The problem has been resolved; a copy of a log now being used was received on December 16, 2009.*

At this time, I also offer the following comments/suggestions:

- The opening atop the liner coating waste drum is required to be kept closed when waste is not being added to it. Steps taken to reduce the size of the opening are good. However, a rubber flap is advised for the open slot so that the contents don't evaporate at night or other times when the process is not operating. This would allow for the hose to enter the drum, and also enable any periodic visual checks of the drum contents.
- We discussed how your aqueous drum exterior paint is reusable and has a rather long useful life even after exposure to air. Efforts to reuse this on or off site for its intended purpose are commendable and should be pursued further if possible. You might be able to custom re-tint or mix secondary batches of paint (with help from a computer aided tool) and virtually eliminate such waste, while further saving on paint purchase and waste disposal costs.
- I am enclosing information on extending the useful life of parts washer solvent, as we discussed during my visit. It may be possible to greatly reduce the change-out frequency of solvent in a parts washer unit, by taking a few simple measures.

Mr. Brad Strawser  
Strawser Steel Drum of Ohio  
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- It was gratifying to hear how your company has improved the drum chime painting process quality and virtually eliminated the cost and labor of rework painting using aerosol cans. The generation and management of waste aerosol paint cans was nearly eliminated, and any concerns about such waste identified previously at the facility under previous ownership in 2005 have been completely resolved.

Thank you for your efforts toward hazardous waste compliance; please don't hesitate to contact me now or in the future with any questions regarding such matters, at (614) 728-3885.

Sincerely,



J. David Hohmann  
Environmental Specialist  
Division of Hazardous Waste Management  
Central District Office

c: Kristina Durnell--DHWM/CO  
CDO File

JDH/nsm Strawser 09 NORTC

Notice: Ohio EPA's failure to list specific deficiencies/violations in this letter does not relieve your company from having to comply with all applicable regulations.



Ohio Environmental Protection Agency  
**RCRA SUBTITLE C SITE  
 IDENTIFICATION/VERIFICATION FORM**

For Ohio EPA use only

E-mail this completed form to [kristina.durnell@epa.state.oh.us](mailto:kristina.durnell@epa.state.oh.us)  
 or mail it to Kristina Durnell, Central Office

<b>Site EPA ID No.</b> <b>Site Name</b>	EPA ID Number: <b>OHD 981201205</b> Name: <b>Strawser Steel Drum of Ohio, Ltd.</b>	Website: (Optional)
<b>Site Location Information</b>	Street Address: <b>1410 Blatt Blvd.</b> City, Town, or Village: <b>Blacklick</b> County Name:	State: <b>OH</b> Zip Code: <b>43004</b>
<b>Site Land Type</b> (check only one) <b>NAICS code(s)</b> <a href="http://www.census.gov/epcd/www/naics.html">www.census.gov/epcd/www/naics.html</a>	Private <input checked="" type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other <input type="checkbox"/>	
<b>Facility Representative</b>  Additional names can be recorded in number 12  Only provide address information if it is different than the site address	First Name: <b>Brad</b> MI: <b>L</b> Last Name: <b>Strawser</b> Phone Number: <b>614-856-5982</b> Phone Number Extension: E-Mail Address: <b>bstrawser@strawsersteeldrum.com</b> Fax Number: Fax Number Extension: Street or P.O. Box: <b>P.O. Box 637</b> City, Town or Village: <b>Blacklick</b> State: <b>OH</b> Zip Code: <b>43004-6037</b>	
<b>Legal Owner And Operator of the Site.</b> List Additional Owners and/or Operators in the Comment Section or on another copy of this form page	Name of Site's Legal Owner:  Owner Type: Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other <input type="checkbox"/> Street or P.O. Box: City, Town or Village: State: Name of Site's Operator:  Operator Type: Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other <input type="checkbox"/> Street or P.O. Box: City, Town or Village: State:	Date Became Owner (mm/dd/yyyy):  Owner Phone #: Country: Zip Code: Date Became Operator (mm/dd/yyyy):  Operator Phone #: United States Zip Code:

**VIOLATIONS CITED?**  No  Yes

**TYPE OF HANDLER- A MINIMUM OF ONE BOX MUST BE CHECKED**

<input type="checkbox"/> Not a HW Generator	<input type="checkbox"/> UNKNOWN: Cited for violation of 3745-52-11	<input type="checkbox"/> Large Quantity Generator (LQG)
		<input checked="" type="checkbox"/> Small Quantity Generator (SQG)
		<input type="checkbox"/> Conditionally Exempt Small Quantity Generator
		<input type="checkbox"/> U.S. Importer of Hazardous Waste
		<input type="checkbox"/> Mixed Waste (Hazardous and Radioactive) Generator

**TYPE OF REGULATED WASTE ACTIVITY (MARK "X" IN ALL OF THE APPROPRIATE BOXES)**

<input type="checkbox"/> Recycler of Hazardous Waste	<input type="checkbox"/> Exempt Boiler and/or Industrial Furnace
<input type="checkbox"/> Underground Injection Control Facility	<input type="checkbox"/> Small Quantity On-Site Burner Exemption
<input type="checkbox"/> Hazardous Waste Transporter	<input type="checkbox"/> Smelting, Melting, Refining Furnace Exemption
<input type="checkbox"/> Treater, Storer or Disposer of Hazardous Waste	

**UNIVERSAL WASTE ACTIVITIES (INDICATE TYPES OF UNIVERSAL WASTE MANAGED (CHECK ALL BOXES THAT APPLY))**

<input type="checkbox"/> Small Quantity Handler of Universal Waste	<input type="checkbox"/> Destination Facility for Universal Waste
<input type="checkbox"/> Large Quantity Handler of Universal Waste (accumulates 5,000 kg. or more)	

**CHECK ALL BOXES BELOW THAT APPLY FOR THE TYPES OF UNIVERSAL WASTE THE FACILITY MANAGES**

<input type="checkbox"/> Batteries
<input type="checkbox"/> Pesticides
<input type="checkbox"/> Mercury containing equipment
<input type="checkbox"/> Lamps

**USED OIL ACTIVITIES (INDICATE TYPE(S) OF ACTIVITY(S))**

<input type="checkbox"/> Used Oil Generator
<input type="checkbox"/> Used Oil Transporter
<input type="checkbox"/> Used Oil Transfer Facility
<input type="checkbox"/> Used Oil Processor
<input type="checkbox"/> Used Oil Re-refiner
<input type="checkbox"/> Off-Specification Used Oil Burner
<input type="checkbox"/> Used Oil Fuel Marketer Who Directs Shipment of Off-Spec. Oil
<input type="checkbox"/> Used Oil Fuel Marketer to Off-Specification Used Oil Burner

**Waste Codes for Federally Regulated Hazardous Wastes.** Please list the codes for the federally regulated hazardous waste handled at the site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more space is needed. If there are more than 7 waste codes and they are the same as listed in the most recent RCRA Info source record, you do not need to list them all. Instead just indicate the date of the most recent source record.

**COMMENTS: USE THIS AREA TO DESCRIBE WHETHER THE INSPECTION WAS ANNOUNCED, WHETHER THE WASTE IS STORED IN TANKS OR CONTAINERS, ETC.**

Announced	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Additional Facility Representatives:	<b>Paul Reinbolt</b>
Tanks	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Other Comments:	<b>4 violations were cited in NOV-RTC letter</b>
Containers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		

Name of Inspector(s)	Name of Inspector(s)	Date of Inspection/Time (mm/dd/yyyy) (hh:mm)
<b>J. David Hohmann</b>		<b>11/19/2009 1330</b>

**OPTIONAL 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 of Owner, Operator, or an Authorized Representative	Name and Title (Print)	Date (mm/dd/yyyy)

## SMALL QUANTITY GENERATOR REQUIREMENTS

### COMPLETE AND ATTACH A PROCESS, WASTE, P2 SUMMARY SHEET

SQG: Between 100 and 1,000 Kg. (About 25 to under 300 gallons) of waste in a calendar month.

NOTE: To convert from gallons to pounds: Amount in gallons x Specific Gravity x 8.345 = Amounts in pounds.

Safety Equipment Used: Steel toed boots, safety glasses

#### GENERAL REQUIREMENTS

1.	Have all wastes generated at the facility been adequately evaluated? [3745-52-11] <i>RMK: Paint flushing waste (aqueous) managed up to now as D001 appeared very unlikely to exhibit hazardous characteristics, based on MSDS info reviewed during this inspection. As a result, actual hazardous waste generation is likely to be half that reported in previous years.</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
2.	Has the generator obtained a U.S. EPA I.D. number? [3745-52-12]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
3.	Has the generator transported or caused to be transported hazardous waste to <b>other</b> than a facility authorized to manage the hazardous waste? [ORC 3734.02 (F)]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
4.	Has the generator disposed of hazardous waste <b>on-site without a permit</b> or at another facility <b>other</b> than a facility authorized to dispose of hazardous waste? [ORC 3734.02 (E) & (F)]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
5.	Does the generator accumulate hazardous waste? <i>RMK: One hazardous waste stream, lining coating waste, approx. 3 drums per month.</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
6.	Has the generator accumulated hazardous wastes in excess of (180/270) days without a permit or an extension from the Director? [3745-52-34; ORC §3734-02(E)&(F)]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
7.	Is the generator accumulating more than 6,000 kg on site? [3745-52-34(D)]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
8.	Does the generator treat hazardous waste in a: <i>RMK: N/A, No treatment was being done on site.</i>	

#### MANIFEST REQUIREMENTS

9.	Are all hazardous wastes either reclaimed under a contractual agreement as defined in OAC rule 3745-52-20(E), or shipped off-site accompanied by a manifest (U.S. EPA Form 8700-22)? [3745-52-20(A)(1)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
10.	Are wastes reclaimed under a contractual agreement? If so: [3745-52-0(E)] <i>N/A. Safety Kleen parts washer solvent is taken for continued use.</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
11.	Have items 1 through 20 of each manifest been completed? [3745-52-20(A)(1)] & [3745-52-27(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
12.	Does each manifest designate at least one facility which is permitted to handle the waste? [3745-52-20(B)] <i>RMK: Ashland takes wastes to Veolia, Vexor and PCI (E. Chicago)</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
13.	If the transporter was unable to deliver a shipment of hazardous waste to the designated facility did the generator designate an alternative TSD facility or give the transporter instructions to return the waste? [3745-52-20(D)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
14.	Have the manifests been signed by the generator and initial transporter? [3745-52-23 (A) (1) and (2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
15.	If the generator did not receive a return copy of each completed manifest within 60 days of being accepted by the transporter did the generator submit to Ohio EPA, a copy of the manifest with some indication that the generator has not received confirmation of delivery? [3745-52-42(B)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
16.	Are signed copies of all manifests being retained for at least three years? [3745-52-40]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

#### PREPAREDNESS AND PREVENTION

17.	Is an emergency coordinator available at all times (on-site or on-call)? [3745-52-34(D)(5)(a)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
18.	Has the following been posted by the telephone: [3745-52-34(D)(5)(b)]	
a.	Name and telephone number of emergency coordinator?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
b.	Location of fire and spill control equipment, and, if present, fire alarm(s)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
c.	Telephone number of local fire department?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
19.	Are employees familiar with waste handling and emergency procedures? [3745-52-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>



	34(D)(5)(c)	
20.	Has the facility properly responded to all fires and spills? [3745-52-34(D)(5)(d)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
21.	Is the facility operated to minimize the possibility of fire, explosion, or any unplanned sudden or nonsudden release of hazardous waste? [3745-65-31]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
22.	Does the generator have the following equipment at the facility if it is required due to actual hazards associated with the waste:	
	a. Internal Alarm system? [3745-65-32(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	b. Emergency communication device? [3745-65-32(B)] <i>RMK: P.A. System</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	c. Portable fire control, spill control and decon equipment? [3745-65-32(C)]?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	d. Water of adequate volume/pressure per documentation or facility rep? [3745-65-32(D)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
23.	Is emergency equipment tested (inspected) as necessary to ensure its proper operation in time of emergency? [3745-65-33]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	a. Are inspections recorded in a log or summary? [3745-65-33] <i>RMK: Tags on equipment.</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
24.	Do personnel have immediate access to an internal alarm or emergency communication device when handling hazardous waste ( <i>unless the device is not required under OAC 3745-65-32</i> )? [3745-65-34(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
25.	If there is only one employee on the premises is there immediate access to a device (ex. phone, hand-held two-way radio) capable of summoning external emergency assistance ( <i>unless not required under OAC 3745-65-32</i> )? [3745-65-34(B)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
26.	Is adequate aisle space provided for unobstructed movement of emergency or spill control equipment? [3745-65-35]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
27.	Has the generator attempted to familiarize emergency authorities with possible hazards and facility layout? [3745-65-37(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
28.	Where authorities have declined to enter into arrangements or agreements, has the generator documented such a refusal? [3745-65-37(B)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

#### SATELLITE ACCUMULATION AREA REQUIREMENTS

29.	Does the generator ensure that satellite accumulation area(s):	
	a. Are at or near a point of generation? [3745-52-34(C)(1)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	b. Are under the control of the operator of the process generating the waste? [3745-52-34(C)(1)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	c. Do not exceed a total of 55 gallons of hazardous waste per waste stream? [3745-52-34(C)(1)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	d. Do not exceed one quart of acutely hazardous waste at any one time? [3745-52-34(C)(1)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	e. Containers are closed, in good condition and compatible with wastes stored in them? [3745-52-34(C)(1)(a)] <i>RMK: Except when waste was being continuously added to them. It was recommended to reduce evaporation by reducing the open surface area for the drip collection buckets.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	f. Containers are marked with the words "Hazardous Waste" or other words identifying the contents? [3745-52-34(C)(1)(b)] <i>RMK: Catch buckets for hazardous waste by the interior drum coating process line machines were unmarked.</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
30.	Is the generator accumulating hazardous waste(s) in excess of the amounts listed in the preceding question? If so:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	a. Did the generator comply with 3745-52-34(A)(1) through (4) or other applicable generator requirements within three days? [3745-52-34(C)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	b. Did the generator mark the container(s) holding the excess with the accumulation date when the 55 gallon (one quart) limit was exceeded? [3745-52-34(C)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

#### USE AND MANAGEMENT OF CONTAINERS

31.	Has the generator marked containers with the words "Hazardous Waste?" [3745-52-34(D)(4)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
32.	Is the accumulation date on each container? [3745-52-34(D)(4)]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

	<i>RMK: About 8 drums in the main accumulation area lacked start date markings; this was corrected by facility personnel during my inspection visit.</i>	
33.	Are hazardous wastes stored in containers which are:	
a.	Closed (except when adding/removing wastes)? [3745-66-73(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	In good condition? [3745-66-71]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
c.	Compatible with wastes stored in them? [3745-66-72]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
d.	Handled in a manner which prevents rupture/leakage? [3745-66-73(B)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
34.	Is the container accumulation area(s) inspected at least weekly? [3745-66-74] Per ORC§1.44(A) "Week" means seven(7) consecutive days.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
a.	Are inspections recorded in a log or summary? [3745-66-74] <i>RMK: These records were lacking.</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
35.	Are containers of incompatible wastes stored separately from each other by means of a dike, berm, wall or other device? [3745-66-77(C)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
36.	If the generator places incompatible wastes, or incompatible wastes and materials in the same container, is it done in accordance with 3745-65-17(B)? [3745-66-77(A)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
37.	If the generator places hazardous waste in an unwashed container that previously held an incompatible waste, is it done in accordance with 3745-65-17(B)? [3745-66-77(B)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<b>PRE-TRANSPORT REQUIREMENTS</b>		
38.	Does each generator package/label its hazardous waste in accordance with the applicable DOT regulations? [3745-52-30, 3745-52-31 and 3745-52-32(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
39.	Does each container ≤119 gallons have a completed hazardous waste label? [3745-52-32(B)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
40.	Before off-site transportation, does the generator placard or offer the appropriate DOT placards to the initial transporter? [3745-52-33]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

## GENERATOR LDR CHECKLIST

DOES NOT APPLY TO CESQGS

### GENERAL REQUIREMENTS

1.	If LDRs do not apply, does the generator have a statement that lists how the HW was generated, why LDRs don't apply and where the HW went? [3745-270-07 (A)(7)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
2.	Did the generator determine if the HW/soil must be treated to meet the LDR treatment standard prior to disposal? Generator knowledge or testing may be used. [3745-270-07(A)(1)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
3.	Does the generator have documentation of how he determined whether the HW/soil meets or does not meet the LDR treatment standard in 2, above? [3745-270-07(A)(6)(a) or 3745-270-07(A)(6)(b)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.	Does the generator keep the documentation required in #2, above, on-site for at least three years from the last date the HW/soil was sent on-site/off-site for treatment/disposal? [3745-270-07(A)(8)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
5.	Does the generator generate a listed HW that exhibits a characteristic? If yes,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	a. Did the generator determine if the listed HW exhibits a characteristic that is not treated under the LDR treatment standard for the listed HW? [3745-270-09(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
6.	Did the generator determine if its characteristic HW contains underlying hazardous constituents that need to be treated? [3745-270-09(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
7.	Did the generator treat his HW /soil on-site to meet the LDR treatment standard?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
8.	Did the generator send a one-time LDR notification form to the TSD with the first shipment to that facility? [3745-270-07(A)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
9.	Did the generator resubmit the LDR notification form to the TSD when the HW changed or the generator used a new TSD? [3745-270-07(A)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
10.	Does the generator have a copy of the LDR notification form on file? [3745-270-07(A)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	a. Is the form kept on file for three years after the last HW of this type was shipped? [3745-270-07(A)(8)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

### NOTIFICATION FORM

11.	Does the LDR Notification form contain the following information:	
	a. Manifest number of the first waste shipment to the TSD? [3745-270-07(A)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	b. Applicable waste codes (includes characteristic codes for a listed HW if applicable)? [3745-270-07(A)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	c. A statement that conveys that the HW is subject to LDRs and must be treated to meet LDR treatment requirements? [3745-270-07(A)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	d. A designation whether the HW is a wastewater or non-wastewater? [3745-270-07(A)(2)].	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	e. Designation of the waste subcategory when applicable? [3745-270-07(A)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	f. A listing of the underlying hazardous constituents for which a characteristic waste must be treated? [3745-270-07(A)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

*NOTE: Not required if the waste is high TOC D001.*

	g. If the HW is F001-F005 or F039, did the generator note on the LDR form what solvents or constituents, respectively, the waste contains and must be treated for? [3745-270-07(A)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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### PROHIBITED DILUTION

12.	Is the HW treated by burning? If "No," go to #15.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
13.	Is the HW a metal-bearing HW? (RMK: #14 = N/A)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
15.	Was the HW treated by wastewater treatment? (RMK: #15a-c = N/A)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

*NOTE: If Yes, HW is improperly being treated by dilution.*

**GENERATOR TREATMENT** [N/A, no on-site treatment]

**NOTIFICATION FORM** [N/A, no on-site treatment]

