



Environmental
Protection Agency

John R. Kasich, Governor
Mary Taylor, Lt. Governor
Scott J. Nally, Director

March 24, 2011

Hand Delivered

Earl Weber, Jr.
Garden Street Iron & Metal, Inc.
2815 Spring Grove Avenue
Cincinnati, Ohio 45225

**RE: COMPLAINT INVESTIGATION – GARDEN STREET IRON & METAL, INC.
2815 SPRING GROVE AVENUE**

Dear Mr. Weber:

Thank you for assisting Jeff Smith, George Strobel and me during the complaint investigation on March 15, 2011. The complaint alleged improper disposal of oil, antifreeze and fuel onto the ground and into the storm sewer. No evidence was found during the investigation to support the complaint. However, we did observe used oil containers that were not properly labeled. Based on this information, Garden Iron and Metal is in violation of the following used oil regulation:

- 1. Used oil storage requirements for generators, Ohio Administrative Code (OAC) 3745-279-22(C):** Containers and aboveground tanks used to store used oil at generator facilities must be labeled or marked clearly with the words, "Used Oil."

On March 22, 2011, Ryan Nickel from Garden Street Iron & Metal, Inc emailed Ohio EPA pictures documenting the properly labeled used oil containers. **Therefore, Garden Street Iron & Metal, Inc is no longer in violation of OAC 3745-279-22(C).**

Included with this letter are several guidance documents on the proper management of used oil. Should you have any questions, please either email me at cathy.altman@epa.ohio.gov or call me at (937) 285-6093.

Sincerely,

Cathy L. Altman

Division of Hazardous Waste Management

ec: DHWM Data Entry/Facility File

Southwest District Office
401 East Fifth Street
Dayton, OH 45402-2911

937 | 285 6357
937 | 285 6249 (fax)
www.epa.ohio.gov

Send to Central Office <input type="checkbox"/>	Ohio Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION/VERIFICATION FORM	For Ohio EPA use only
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Completed verification forms required to be submitted to CO should be e-mailed to brad.hauser@epa.state.oh.us.

Site EPA ID No. Site Name	EPA ID Number:		Website: (Optional)					
Site Location Information	Name: Garden Street Iron & Metal		Street Address: 2815 Spring Grove Ave					
Site Land Type (check only one)	City, Town, or Village: Cincinnati		State: OH					
NAICS code(s) www.census.gov/epcd/www/naics.html	County Name: Hamilton		Zip Code: 45225					
	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"/>

Facility Representative Additional names can be recorded in number 12 Only provide address information if it is different than the site address	First Name: Earl		MI:	Last Name: Weber, Jr	
	Title:		Phone Number Extension:		
	Phone Number:		E-Mail Address:		
	Fax Number:		Fax Number Extension:		
	Street or P.O. Box:		City, Town or Village:		
	State:		Zip Code:		

Legal Owner And Operator of the Site. List Additional Owners and/or Operators in the Comment Section or on another copy of this form page	Name of Site's Legal Owner: Garden Street Iron & Metal Inc		Date Became Owner (mm/dd/yyyy): 01/31/2011										
	Owner Type:	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"/>				
	Street or P.O. Box:		City, Town or Village:		Owner Phone #:		Country:			Zip Code:			
	State:		Name of Site's Operator:		Date Became Operator (mm/dd/yyyy):		Federal <input type="checkbox"/>			Indian <input type="checkbox"/>	Municipal <input type="checkbox"/>	State <input type="checkbox"/>	Other <input type="checkbox"/>
	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:		Operator Phone #:		Country:			Zip Code:			
	State:		State:		Country:		Country:			Zip Code:			

VIOLATIONS CITED?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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TYPE OF HANDLER - MARK "X" AS APPROPRIATE

<input checked="" 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 type="checkbox"/> Short-Term/Temporary Generator (generates from a short-term or one-time event and not from on-going processes). Check the box for the applicable generator status and provide a comment.	<input 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"/> Hazardous Waste Transporter	<input type="checkbox"/> Exempt Boiler and/or Industrial Furnace
<input type="checkbox"/> Hazardous Waste Transfer Facility	<input type="checkbox"/> Small Quantity On-Site Burner Exemption
<input type="checkbox"/> Treater, Storer or Disposer of Hazardous Waste	<input type="checkbox"/> Smelting, Melting, Refining Furnace Exemption
<input type="checkbox"/> Recycler of Hazardous Waste	<input type="checkbox"/> Underground Injection Control Facility
<input type="checkbox"/> 72-Hour Recycler	<input type="checkbox"/> Receives Hazardous Waste from Off-site

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 checked="" 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 Used Oil	
<input type="checkbox"/> Used Oil Fuel Marketer who first claims the Used Oil meets the specifications	

Eligible Academic Entities with Laboratories: Facility has previously notified that they are opting into managing laboratory hazardous waste pursuant to OAC rules 3745-52-200 through 3745-52-216. Check the box(es) below to indicate the laboratory type.

<input type="checkbox"/> College or University
<input type="checkbox"/> Teaching hospital that is owned by or has a formal written affiliation agreement with a college or university
<input type="checkbox"/> Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

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 or list them in the comments if more space is needed. If the waste codes are the same as listed in the most recent RCRAInfo source record, you do not need to list them. 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:
Tanks	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
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)
Cathy Altman	George Strobel	03/15/2011 11:30 AM

Comments:
 The site has an inactive ID number (OHD072889033) from previous owner, CSX.