

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MR. DANIEL LAKES  
 LAKES AUTOMOTIVE  
 318 N TENTH ST  
 HAMILTON, OH 45011-3412

2. Article Number

*(Transfer from service label)*

7006 2760 0003 0781 4609

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Stephanie Lakes

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

10-8-10

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

UNITED STATES POSTAL SERVICE

08 OCT 2010 PM 4 11

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

STATE OF OHIO EPA  
SOUTHWEST DISTRICT OFFICE  
ATTN: JEFF STARK  
401 EAST FIFTH ST  
DAYTON OH 45402



7006 2760 0003 0782 4609

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
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**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Jeff Stark  
KA

Sent To  
**MR. DANIEL LAKES - LAKES AUTOMOTIVE**  
 Street, Apt. No.,  
 or PO Box No. **318 N TENTH ST**  
 City, State, ZIP+4  
**HAMILTON, OH 45011-3412**

See Reverse for Instructions

### **Certified Mail Provides:**

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

### **Important Reminders:**

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.
- Certified Mail is *not* available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "*Restricted Delivery*".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

**IMPORTANT: Save this receipt and present it when making an inquiry.**

PS Form 3800, August 2006 (Reverse) PSN 7530-02-000-9047



**Environmental  
Protection Agency**

Ted Strickland, Governor  
Lee Fisher, Lt. Governor  
Chris Korleski, Director

Eval 001  
Enf. 001

OHRO000161802

October 7, 2010

Notice of Violation(s)  
Complaint Investigation Findings  
Lakes Automotive – Hamilton, Ohio  
Butler County

**CERTIFIED MAIL**

Mr. Daniel Lakes  
Lakes Automotive  
318 North Tenth Street  
Hamilton, Ohio 45011-3412

Dear Mr. Lakes:

On September 30, 2010, Ohio EPA's Division of Hazardous Waste Management (DHWM) conducted a complaint investigation at Lakes Automotive located at 318 North Tenth Street, Hamilton, Ohio. This investigation was conducted in response to a complaint received by Ohio EPA. The complainant alleged the mismanagement of fluids at Lakes Automotive. During the investigation, Jeff Smith and I represented Ohio EPA and you represented Lakes Automotive Hamilton, Ohio facility. The purpose of the investigation was to assess the validity of the complaint and determine whether violations of Ohio's hazardous waste laws exist at this property.

**A. VIOLATIONS**

We inspected Lakes Automotive facility to determine its compliance with Ohio's hazardous waste laws as found in Chapter 3734 of the Ohio Revised Code (ORC) and Chapter 3745 of the Ohio Administrative Code (OAC). We found the following violations of Ohio's hazardous waste laws. In order to correct these violations you must do the following and send me the required information **within 30 days of the date of this letter**:

1. **OAC Rule 3745-279-22 (C)(1), Used Oil Storage Requirements for Generators, Labels:** Containers and above ground tanks used to store used oil at generator facilities must be marked clearly with the words "Used Oil."

Lakes Automotive failed to label its used oil containers. During the investigation, several containers located throughout the facility were not properly labeled. Therefore, Lakes Automotive is in violation of OAC Rule 3745-279-22 (C)(1) for not properly labeling its used oil containers.

In order to abate this violation, Lakes Automotive must properly label all containers that contain used oil with the words "Used Oil."

2. **OAC Rule 3745-279-22 (D), Used Oil Storage Requirements for Generators, Response to Releases:** Upon detection of a release of used oil to the environment, a generator must perform the following cleanup steps: (1) stop the release, (2) contain the released used oil, (3) cleanup and manage properly the released used oil and other materials, and (4) if necessary, repair or replace any leaking used oil storage containers or tanks prior to returning them to service.

During the investigation, two areas were discovered where used oil had been released onto the ground. The first area was located just to the left of the garage door and the second area was located directly in front of the garage door. Both areas were stained with used oil. Lakes Automotive is in violation of OAC Rule 3745-279-22 (D) for failure to contain and clean up released used oil.

In order to abate this violation, Lakes Automotive must remove and properly dispose of the contaminated soil. During the inspection, you indicated that the released used oil was from the servicing of vehicles. Therefore, the used oil is not considered a hazardous waste and if no free-flowing oil remains in the soil, then the soil is not subject to the used oil regulations. All contaminated soil must be removed until no visual signs of staining remains. Since the contaminated soil is not considered a hazardous waste or a used oil, it may be disposed through the municipal solid waste.

**B. GENERAL COMMENTS**

1. Used Oil Regulations OAC Rule 3745-279

In addition to the above requirements, generators of used oil must ensure that their used oil is transported only by transporters who have obtained U.S. EPA identification numbers. You must ensure that the used oil is transported and disposed of properly and ensure that the transporter and/or disposal company provides an adequate receipt for your records for each shipment. You may transport up to 55 gallons of your used oil yourself, but you must deliver it only to a used oil collection center registered with the Ohio EPA. Further used oil rules are outlined in the regulations. I have included with this letter a list of registered used oil collection centers. A list of registered used oil collection centers can also be found through our website:

[http://www.epa.state.oh.us/dhwm/used\\_oil.aspx](http://www.epa.state.oh.us/dhwm/used_oil.aspx)

A copy of the used oil regulations and additional guidance can be found through our website listed above.

Mr. Lakes  
October 7, 2010  
Page 3

2. Housekeeping

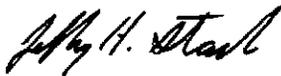
During the inspection, several containers of used oil were identified on the property. Ohio EPA recommends that you conduct the following:

- Consolidate the number of used oil containers;
- All used oil containers should be located inside on a concrete pad; and
- Remove all used oil from the property to a used oil collection center registered with the Ohio EPA.

If you have any questions regarding the management of used oil or used oil filters, please refer to the attached guidance document, "The Regulation of Used Oil: An Overview for Ohio Businesses Who Generate Used Oil." A copy of this document was left with you during our site visit and can also be found through the website listed above.

Please submit documentation demonstrating violations A1 and A2 as cited above have been abated, e.g., cover letter, photographs, to the Ohio EPA Southwest District Office **within 30 days of the date of this letter**. Should you have any questions, please feel free to call me at (937) 285-6456. You can find a copy of the rules and other information on the division's web page at: <http://www.epa.state.oh.us/dhwm>.

Sincerely,



Jeffery H. Stark  
Environmental Specialist  
Division of Hazardous Waste Management

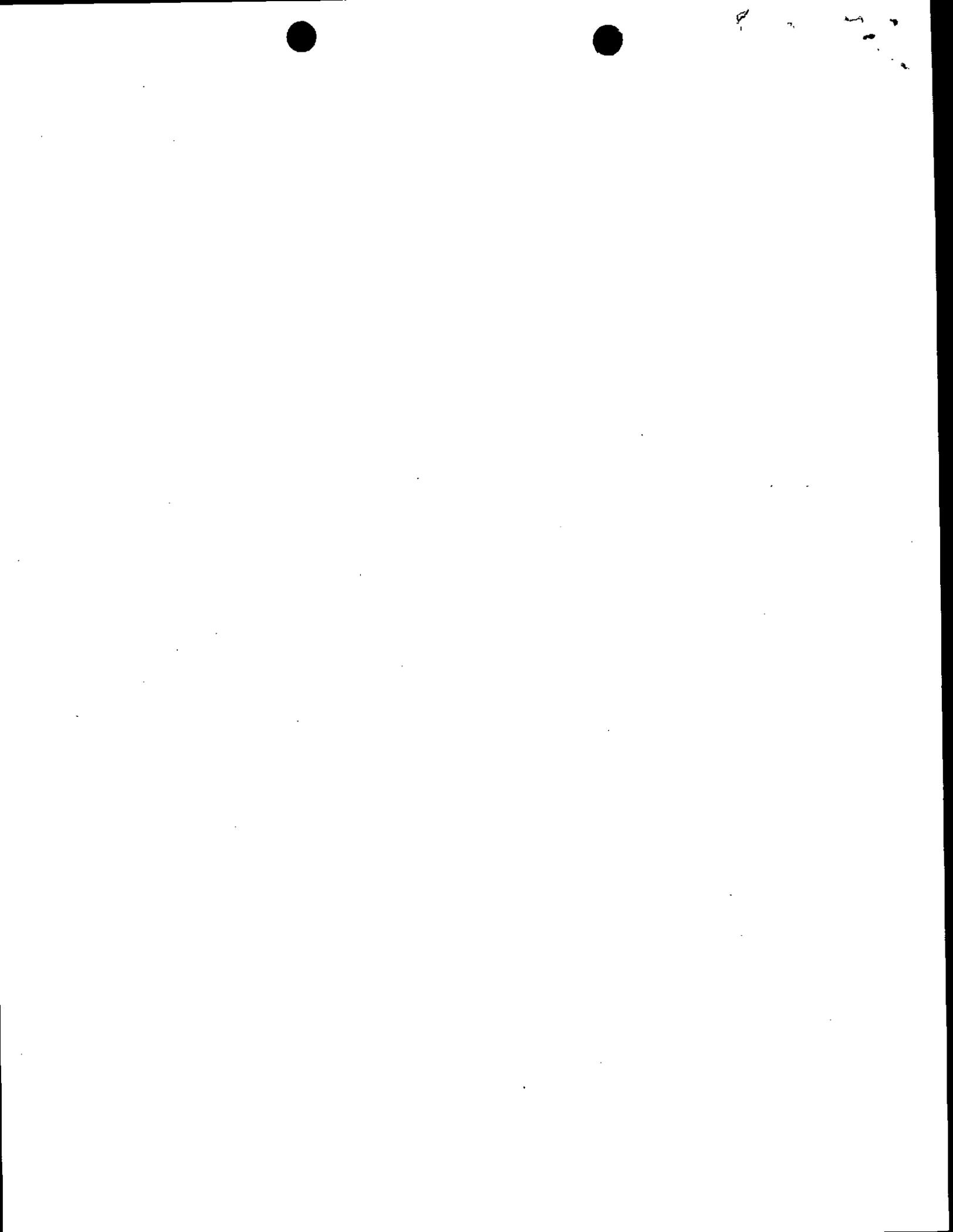
JHS/kla

cc: SWDO-DHWM/SWDO, File

Enclosures: List of Registered Used Oil Collection Centers  
Ohio EPA Guidance Document, "The Regulation of used Oil: An  
Overview for Ohio Businesses Who Generate Used Oil," April 2006.

**NOTICE:**

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



Send to Central Office <input checked="" type="checkbox"/>	<b>Ohio Environmental Protection Agency</b> <b>RCRA SUBTITLE C SITE</b> <b>IDENTIFICATION/VERIFICATION FORM</b>	For Ohio EPA use only
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Completed verification forms required to be submitted to CO should be e-mailed to [paula.canter@epa.state.oh.us](mailto:paula.canter@epa.state.oh.us).

<b>Site EPA ID No.</b>	EPA ID Number: none	
<b>Site Name</b>	Name: <b>Lakes Automotive</b>	Website: (Optional)
<b>Site Location Information</b>	Street Address: <b>318 North Tenth Street</b>	
	City, Town, or Village: <b>Hamilton</b>	State: <b>OH</b>
<b>Site Land Type</b> (check only one)	County Name: <b>Butler</b>	
<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"/>	Zip Code:
	<b>811191</b>	

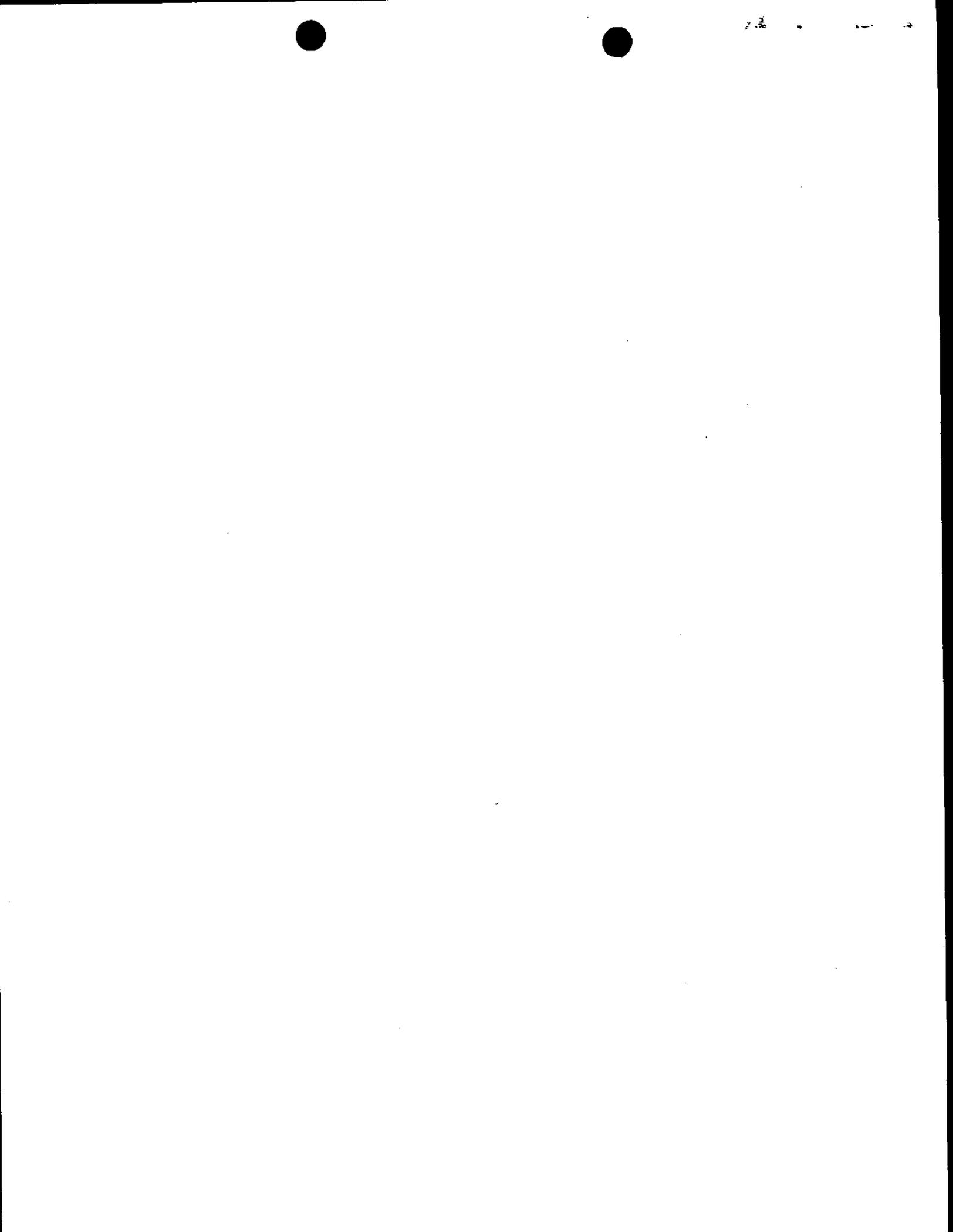
<b>Facility Representative</b>	First Name: <b>Daniel</b>	MI:	Last Name: <b>Lakes</b>
Additional names can be recorded in number 12	Title: <b>Owner/Operator</b>		
Only provide address information if it is different than the site address	Phone Number: <b>(513) 628-1571</b>		Phone Number Extension:
	E-Mail Address: <b>Daniellakes@yahoo.com</b>		
	Fax Number:		Fax Number Extension:
	Street or P.O. Box: <b>318 North Tenth Street</b>		
	City, Town or Village: <b>Hamilton</b>		State: <b>OH</b>
			Zip Code: <b>45011</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: <b>Daniel Lakes</b>		Date Became Owner (mm/dd/yyyy):	
	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: <b>318 North Tenth Street</b>			
	City, Town or Village: <b>Hamilton</b>		Owner Phone #: <b>(513) 628-1571</b>	
	State: <b>OH</b>		Country: <b>USA</b> Zip Code: <b>45011</b>	
	Name of Site's Operator: <b>Daniel Lakes</b>		Date Became Operator (mm/dd/yyyy):	
	Operator 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: <b>318 North Tenth Street</b>			
	City, Town or Village: <b>Hamilton</b>		Operator Phone #: <b>(513) 628-1571</b>	
	State: <b>OH</b>		Country: <b>USA</b> Zip Code: <b>45011</b>	

<b>VIOLATIONS CITED?</b>	<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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Name of Inspector(s)	Name of Inspector(s)	Date of Inspection/Time (mm/dd/yyyy) (hh:mm)
Jeff Stark, DHWM	Jeff Smith, DHWM	09/30/2010 12:00 p.m.

**Comments:**

