



State of Ohio Environmental Protection Agency

Southwest District Office

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Eval @ 011
Ent 004

October 29, 2009

David Esselstein
RAWAC Plating Co.
125 North Bell Ave.
Springfield, Ohio 45504

**Re: Notice of Violation
RAWAC Plating Co., OHD 004 284 758, LQG, Clark County**

Dear Mr. Esselstein:

On October 22, 2009 Ohio EPA inspected the RAWAC Plating Co. (RAWAC) facility at 125 North Bell Ave. in Springfield, Ohio to determine 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). You represented RAWAC Plating Co. during the inspection.

This letter describes the violations found during the inspection and describes the actions which RAWAC should take to correct these.

Ohio EPA found the following violations of Ohio's hazardous waste laws and regulations. RAWAC should follow Ohio EPA's recommendations to abate these violations. And, **within 30 days** of receipt of this letter, RAWAC should submit a written response describing how these violations were abated.

VIOLATION 1-

**Tank Labeling
OAC 3745-52-34 (A) (3)**

This regulation requires that each tank or container used to store hazardous waste on site be marked or labeled with the words "hazardous waste".

At the time of inspection October 22, 2009 Ohio EPA found that Tank #2 at the RAWAC plating facility which contained hazardous waste was not labeled or marked with the words hazardous waste. Therefore at the time of inspection RAWAC was in violation of OAC 3745-52-34 (A) (3).

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RAWAC abated this violation at the time of inspection. To avoid future violations of this nature RAWAC should label or mark containers or tanks which hold hazardous waste with the words "hazardous waste".

VIOLATION 2-

**Required aisle space
OAC 3745-65-35**

This regulation requires a facility to maintain aisle space to allow unobstructed movement of personnel, fire protection, spill protection, and decontamination equipment to any area of the facility in case of emergency.

At the time of inspection October 22, 2009 Ohio EPA found the area surrounding Tank #2 to be obstructed with debris. Therefore at the time of inspection RAWAC was in violation of OAC 3745-65-35 for not maintaining adequate aisle space around Tank #2.

To abate this violation clear the area around Tank #2 so that it is free of obstacles. Abate this violation ***within 30 days*** and submit a written response describing how this violation was abated.

This concludes Ohio EPA's findings. If you have any questions about this letter or how to comply with hazardous waste regulations, please call me at (937) 285-6082. Enclosed you will find a copy of the checklists that I completed as a result of the inspection. 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.

Sincerely,



Brian Gitzinger
District Representative
Division of Hazardous Waste Management

cc: DHWM/ Data Entry/ Facility File

Enclosure

BG\bp

**LARGE QUANTITY GENERATOR REQUIREMENTS
COMPLETE AND ATTACH A PROCESS DESCRIPTION SUMMARY**

CESQG: #100Kg. (Approximately 25-30 gallons) of waste in a calendar month or < 1 Kg. of acutely hazardous waste.
SQG: Between 100 and 1,000 Kg. (About 25 to under 300 gallons) of waste in a calendar month.

LQG: \geq 1,000 Kg. (300 gallons) of waste in a calendar month or \geq 1 Kg. of acutely hazardous 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:

GENERAL REQUIREMENTS

1.	Have all wastes generated at the facility been adequately evaluated? [3745-52-11]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
2.	Are records of waste determination being kept for at least 3 years? [3745-52-40(C)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
3.	Has the generator obtained a U.S. EPA identification number? [3745-52-12]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.	<u>Were annual reports filed with Ohio EPA on or before March 1st?</u> [3745-52-41(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
5.	Are annual reports kept on file for at least 3 years? [3745-52-40(B)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
6.	Has the generator transported or caused to be transported hazardous waste to other 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"/>
7.	Has the generator disposed of hazardous waste on-site without a permit or at another facility other than a facility authorized to dispose of the hazardous waste? [ORC 3734.02(E) & (F)]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
8.	Does the generator accumulate hazardous waste?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

NOTE: If the LQG does not accumulate or treat hazardous waste, it is not subject to 52-34 standards. All other requirements still apply, e.g., annual reports, manifest, marking, record keeping, LDR, etc.

9.	Has the generator accumulated hazardous waste on-site in excess of 90 days without a permit or an extension from the director ORC §3734.02 (E) & (F)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
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NOTE: If F006 waste is generated and accumulated for > 90 days and is recycled see 3745-52-34(G) & (H).

10.	Does the generator treat hazardous waste in a: [ORC 3734.02(E)&(F)]	
	a. Container that meets 3745-66-70 to 3745-66-77?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	b. Tank that meets 3745-66-90 to 3745-66-101 except 3745-66-97 (C)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	c. Drip pads that meet 3745-69-40 to 3745-69-45?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	d. Containment building that meets 3745-256-100 to 3745-256-102?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

NOTE: Complete appropriate checklist for each unit.

NOTE: If waste is treated to meet LDRs, use LDR checklist.

11.	Does the generator export hazardous waste? If so:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
	a. Has the generator notified U.S. EPA of export activity? [3745-52-53(A)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	b. Has the generator complied with special manifest requirements? [3745-52-54]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	c. For manifests that have not been returned to the generator: has an exception report been filed? [3745-52-55]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	d. Has an annual report been submitted to U.S. EPA? [3745-52-56]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

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e.	Are export related documents being maintained on-site? [3745-52-57(A)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
MANIFEST REQUIREMENTS		
12.	Have all hazardous wastes shipped off-site been accompanied by a manifest? (U.S. EPA Form 8700-22) [3745-52-20(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
13.	Have items (1) through (20) of each manifest been completed? [3745-52-20(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>NOTE: U.S. EPA Form 8700-22(A) (the continuation form) may be needed in addition to Form 8700-22. In these situations items (21) through (35) must also be completed. [3745-52-20(A)]</i>		
14.	Does each manifest designate at least one facility which is permitted to handle the waste? [3745-52-20(B)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>NOTE: The generator may designate on the manifest one alternate facility to handle the waste in the event of an emergency which prevents the delivery of waste to the primary designated facility. [3745-52-20(C)].</i>		
15.	If the transporter was unable to deliver a shipment of hazardous waste to the designated facility did the generator designate an alternate 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"/>
16.	Have the manifests been signed by the generator and initial transporter? [3745-52-23(A)(1) & (2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>NOTE: Remind the generator that the certification statement they signed indicates: 1) they have properly prepared the shipment for transportation and 2) they have a program in place to reduce the volume and toxicity waste they generate.</i>		
17.	If the generator did not receive a return copy of each completed manifest within 35 days of the waste being accepted by the transporter did the generator contact the transporter and/or TSD facility to check on the status of the waste? [3745-52-42(A)(1)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
18.	If the generator has not received the manifest within 45 days, did the generator file an exception report with Ohio EPA? [3745-52-42(A)(2)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
19.	Are signed copies of all manifests and any exception reports being retained for at least three years? [3745-52-40]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>NOTE: Waste generated at one location and transported along a publicly accessible road for temporary consolidated storage or treatment on a contiguous property also owned by the same person is not considered "on-site" and manifesting and transporter requirements must be met. To transport "along" a public right-of-way the destination facility has to act as a transfer facility or have a permit because this is considered to be "off-site." For additional information see the definition of "on-site" in OAC rule 3745-50-10.</i>		
PERSONNEL TRAINING		
20.	Does the generator have a training program which teaches facility personnel hazardous waste management procedures (including contingency plan implementation) relevant to their positions? [3745-65-16(A)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
21.	Does the personnel training program, at a minimum, include instructions to ensure that facility personnel are able to respond effectively to emergencies involving hazardous waste by familiarizing them with emergency procedures, emergency equipment and emergency systems (where applicable)? [3745-65-16(A)(3)(a-f)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
22.	Is the personnel training program directed by a person trained in hazardous waste management procedures? [3745-65-16(A)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
23.	Do new employees receive training within six months after the date of hire (or assignment to a new position)? [3745-65-16(B)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
24.	Does the generator provide annual refresher training to employees? [3745-65-16(C)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
25.	Does the generator keep records and documentation of:	
a.	Job titles? [3745-65-16D(1)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	Job descriptions? [3745-65-16D(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

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c.	Type and amount of training given to each person? [3745-65-16D(3)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
d.	Completed training or job experience required? [3745-65-16D(4)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
26.	Are training records for current personnel kept until closure of the facility and are training records for former employees kept for at least three years from the date the employee last worked at the facility? [3745-65-16(E)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

NOTE: The following section can be used by the inspector to document that all personnel who are involved with hazardous waste management have been trained. The employees who need training (written and/or on-the-job) may include the following: environmental coordinators, drum handlers, emergency coordinators, personnel who conduct hazardous waste inspections, emergency response teams, personnel who prepare manifest, etc.

Job Performed	Name of Employee	Date Trained

CONTINGENCY PLAN

27.	Does the owner/operator have a contingency plan to minimize hazards to human health or the environment from fires, explosions or any unplanned release of hazardous waste? [3745-65-51(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
28.	Does the plan describe the following:	
a.	Actions to be taken in response to fires, explosions or any unplanned release of hazardous waste? [3745-65-52(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	Arrangements with emergency authorities? [3745-65-52(C)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
c.	A current list of names, addresses and telephone numbers (office and home) of all persons qualified to act as emergency coordinator? [3745-65-52(D)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
d.	A list of all emergency equipment, including: location, a physical description and brief outline of capabilities? [3745-65-52(E)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
e.	An evacuation plan for facility personnel where there is possibility that evacuation may be necessary? [3745-65-52(F)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

NOTE: If the facility already has a "Spill Prevention, Control and Countermeasures Plan" under CFR Part 112 or 40 CFR Part 1510, or some other emergency plan, the facility can amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with OAC requirements. [3745-65-52(B)]

29.	Is a copy of the plan (plus revisions) kept on-site and been given to all emergency authorities that may be requested to provide emergency services? [3745-65-53 (A) & (B)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
30.	Has the generator revised the plan in response to rule changes, facility, equipment and personnel changes, or failure of the plan? [3745-65-54]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
31.	Is an emergency coordinator available at all times (on-site or on-call)? [3745-65-55]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

NOTE: The emergency coordinator shall be thoroughly familiar with: (a) all aspects of the facility's contingency plan; (b) all operations and activities at the facility; (c) the location and characteristics of waste handled; (d) the location of all records within the facility; (e) facility layout; and (f) shall have the authority to commit the resources needed to implement provisions of the contingency plan.

EMERGENCY PROCEDURES

32.	Has there been a fire, explosion or release of hazardous waste or hazardous waste constituents since the last inspection? If so:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
a.	Was the contingency plan implemented? [3745-65-51(B)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
b.	Did the facility follow the emergency procedures in 3745-65-56(A) through (H)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
c.	Did the facility submit a report to the Director within 15 days of the incident as required by 3745-65-56(J)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

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NOTE: OAC 3745-65-51(b) requires that the contingency plan be implemented immediately whenever there is a fire, explosion, or release of hazardous waste or hazardous waste constituents, which could threaten human health and the environment.

PREPAREDNESS AND PREVENTION

33.	Is the facility operated to minimize the possibility of fire, explosion, or any unplanned release of hazardous waste? [3745-65-31]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
34.	Does the generator have the following equipment at the facility, if it is required due to actual hazards associated with the waste:	
a.	Internal communications or 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)]	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"/>

NOTE: Verify that the equipment is listed in the contingency plan.

35.	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"/>
36.	Are emergency equipment tests (inspections) recorded in a log or summary? [3745-65-33]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
37.	Do personnel have immediate access to an internal alarm or emergency communication device when handling hazardous waste (unless the device is not required under 3745-65-32)? [3745-65-34(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
38.	If there is only one employee on the premises, is there immediate access to a device (eg., phone, hand held two-way radio) capable of summoning external emergency assistance (unless not required under 3745-65-32)? [3745-65-34(B)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
39.	Is adequate aisle space provided for unobstructed movement of emergency or spill control equipment? [3745-65-35]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
40.	Has the generator attempted to familiarize emergency authorities with possible hazards and facility layouts? [3745-65-37(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
41.	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

42.	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 type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
b.	Are under the control of the operator of the process generating the waste? [3745-52-34(C)(1)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
c.	Do not exceed a total of 55 gallons of hazardous waste per waste stream? [3745-52-34(C)(1)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" 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)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
f.	Containers are marked with words "Hazardous Waste" or other words identifying the contents? [3745-52-34(C)(1)(b)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
43.	Is the generator accumulating hazardous waste(s) in excess of the amounts listed in the preceding question? If so:	Yes <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

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	b.	Did the generator mark the container(s) holding excess with the accumulation date when the 55 gallon (one quart) limit was exceeded? [3745-52-34(C)(2)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
NOTE: The satellite accumulation area is limited to 55 gallons of hazardous waste accumulated from a distinct point of generation in the process under the control of the operator of the process generating the waste (less than 1 quart for acute hazardous waste). There could be individual waste streams accumulated in an area from different points of generation.			
USE AND MANAGEMENT OF CONTAINERS IN <90 DAY ACCUMULATION AREAS			
44.		Has the generator marked containers with the words "Hazardous Waste?" [3745-52-34(A)(3)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
45.		Is the accumulation date on each container? [3745-52-34(A)(2)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
46.		Are hazardous wastes stored in containers which are:	
	a.	Closed (except when adding/removing wastes)? [3745-66-73(A)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	b.	In good condition? [3745-66-71]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	c.	Compatible with wastes stored in them? [3745-66-72]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	d.	Handled in a manner which prevents rupture/leakage? [3745-66-73(B)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
NOTE: Record location on process summary sheets, photograph the area, and record on facility map.			
47.		Is the container accumulation areas(s) inspected weekly? [3745-66-74] Per ORC§1.44(A) "Week" means 7 consecutive days.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	a.	Are inspections recorded in a log or summary? [3745-66-74]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
48.		Are containers of ignitable or reactive wastes located at least 50 feet (15 meters) from the facility's property line? [3745-66-76]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
49.		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"/>
50.		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"/>
51.		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"/>
NOTE: OAC 3745-65-17(B) requires that the generator treat, store, or dispose of ignitable or reactive waste, and the mixture or commingling of incompatible wastes, or incompatible wastes and materials so that it does not create undesirable conditions or threaten human health or the environment.			
52.		If the generator has closed a <90 day accumulation area does the closure appear to have met the closure performance standard of 3745-66-11? [3745-52-34(A)(1)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
NOTE: Please provide a description of the unit and documentation provided by the generator for the file to demonstrate that closure was completed in accordance with the closure performance standards. If the generator has closed a <90 day tank, closure must also be completed in accordance with OAC 3745-66-97 (except for paragraph C of this rule). [3745-52-34]			
PRE-TRANSPORT REQUIREMENTS			
53.		Does the 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 type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
54.		Does each container <110 gallons have a completed hazardous waste label? [3745-52-32(B)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
55.		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"/>

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**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 No N/A

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 No N/A

NOTE: This is done by determining if the HW /soil contains levels of constituents greater than the levels given in its LDR treatment standard in 3745-270-40. However, if a specific treatment method is given in 3745-270-40 for the HW, no determination is required [3745-270-07 (A)(1)(b)]. If soil, generator can choose to have soil treated to LDR levels given in 3745-270-49 (alternative treatment levels for soils).

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 No N/A

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 No N/A

5. Does the generator generate a listed HW that exhibits a characteristic? If yes, Yes No N/A

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 No N/A

FOR EXAMPLE: F006 that exhibits the characteristic for silver or K062 that is corrosive, D002. Review LDR treatment standard in 3745-270-40 to determine what constituents the listed HW is treated for.

6. Did the generator determine if its characteristic HW contains underlying hazardous constituents that need to be treated? [3745-270-09(A)] Yes No N/A

NOTE: This is done by evaluating which underlying hazardous constituents (UHC) are in the HW at levels above the universal treatment standards given in 3745-270-48. This requirement does not apply to high total organic carbon (i.e., contains >10% TOC) D001 wastes or listed HWs.

NOTE: Written documentation of this determination is not required.

7. Did the generator treat his HW /soil on-site to meet the LDR treatment standard? Yes No N/A

NOTE If a Yes@ see question #16.

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 No N/A

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 No N/A

10. Does the generator have a copy of the LDR notification form on file?[3745-270-07(A)(2)] Yes No N/A

a. Is the form kept on file for three years after last HW shipped? [3745-270-07(A)(8)] Yes No N/A

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 No N/A

b. Applicable waste codes (includes characteristic codes for a listed HW if applicable)? [3745-270-07(A)(2)] Yes No N/A

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 No N/A

d. A designation whether the HW is a wastewater or non-wastewater? [3745-270-07(A)(2)]. Yes No N/A

NOTE: A wastewater contains <1% by wt. total suspended solids(TSS) and <1% by wt. TOC. If you doubt the HW is a wastewater or non-wastewater, the HW can be tested using for example, Standard Methods (SM) 160.2 for TSS, SW-846 method 9060a for TOC.

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"/>
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NOTE: Subcategories are found on the LDR treatment standards table under the applicable waste code. Not all HWs have subcategories

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"/>
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NOTE: Not required if the waste is high TOC D001 or the TSD tests its treatment residues for all underlying hazardous constituents.

g.	If the HW is F001-F005 or F039, did the generator HW 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 type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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NOTE: Not required if the TSD tests its treatment residues for all underlying hazardous constituents.

PROHIBITED DILUTION

12.	Is the HW treated by burning? If a No, go to #15.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
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13.	Is the HW a metal-bearing HW?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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NOTE: Generally, metal-bearing HWs contain heavy metals above TCLP levels or were listed due to the presence of metals. A list of the restricted metal-bearing HWs are given in the Appendix to 3745-270-03.

14.	a.	Metal-bearing HWs cannot be incinerated, combusted or, blended and burned for fuel unless <u>one</u> of the following conditions apply. [3745-270-03(c)]	
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	i.	Contains > 1% TOC?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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	ii.	Contains organic constituents or cyanide at levels greater than the UST levels?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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	iii.	Is made up of combustible material e.g., paper, wood, plastic?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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	iv.	Has a reasonable heating value (e.g., > 5000 Btu)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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	v.	Co-generated with a HW that must be combusted?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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	b.	If all responses to 14 a.i. through 14 a.v. are a No, HW is being improperly treated by dilution, violation of 3745-270-03(C). Is HW being treated by dilution?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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15.	Was the HW treated by wastewater treatment?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
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	a.	Is a LDR treatment method, other than DEACT or a numerical value, specified for the waste? [3745-270-03(B) and 3745-270-40(A)(3)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
--	----	---	--

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

	b.	Does the waste carry the D001 code and contain ≥10% TOC?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
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	c.	Does the wastewater treatment process include a process to separate/recover the organic phase of the waste?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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NOTE: If the answers to b & c are a yes and a no, respectively, waste is improperly being treated by dilution and generator is in violation of [3745-270-03(B) and 3745-270-40(A)(3)].

NOTE: A list of separation/recovery processes are given in 3745-270-42 under RORG.

GENERATOR TREATMENT			
16.	Does the generator treat to meet LDRs on-site [3745-270-40(A)]?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
	Did the generator treat his hazardous waste/soil on-site in a tank, container, drip pad or containment building to meet the LDR treatment standard?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
	If a Yes@...complete the rest of the checklist. If a No@...stop...you are done.		
a.	Does the generator have a written waste analysis plan (WAP) that describes the procedures he will follow to treat the HW/soil to the LDR treatment standard? [3745-270-07(A)(5)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
b.	Did the generator use a detailed chemical and physical analysis of the HW/soil in order to develop the WAP? [3745-270-07(A)(5)(a)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
NOTE: This is a laboratory analysis but it does not have to be kept by the generator.			
c.	Does the WAP contain all information necessary to treat the HW/soil to the LDR treatment standard? [3745-270-07(A)(5)(a)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
d.	Does the WAP include the testing frequency of the treated HW/soil to demonstrate that the LDR treatment standard is being met? [3745-270-07(A)(5)(a)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
e.	Does the generator keep the WAP on-site? [3745-270-07(A)(5)(b)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
f.	Is the WAP available for the inspector=s review during the inspection? [3745-270-07(A)(5)(b)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
NOTIFICATION FORM			
17.	a.	Contains all information in #11 a-g above and	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	b.	If the treated HW/soil is listed.....notification contains the following certification statement: A I certify under penalty of law that I personally have examined and am familiar with the waste, through analysis and testing or trough knowledge of the waste, to support this certification that the waste complies with the treatment stands specified in rule 3745-270-40 to 3745-270-49 of the Administrative Code. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.@	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	c.	If the treated HW/soil no longer exhibits a characteristic and is no longer a HW, did the generator:	
	i.	Send a one-time notification to the director?[3745-270- 09 (D)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	ii.	Maintain a copy of the notice onsite?[3745-270-09(D)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	iii.	Include in the notification: [3745-270-09(D)(1)(a)]	
	1.	Name & address of receiving landfill?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	2.	Description of HW when generated?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	3.	HW code when generated?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	4.	Treatability group when generated?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	5.	Underlying hazardous constituents present when generated?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	iv.	Contain the right certification statement as required by 3745-70-07(b)(4)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>



LQG TANK SYSTEM REQUIREMENTS (OAC rule 3745-52-34(A) and OAC rules 3745-66-90 through 3745-66-100)

(Please refer to the rules before or while completing this checklist.)

1.	Is each tank clearly labeled/marked with the words "Hazardous Waste?" [3745-52-34(A)(3)]	Yes	No	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/>
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TANK SYSTEM – GENERAL OPERATING REQUIREMENTS

2.	Does the o/o follow the general operating requirements below:				
a.	Does the o/o prevent placement of hazardous waste or treatment reagents in tank or secondary containment if such placement can cause the system to leak, rupture, corrode, or otherwise fail? [3745-66-94(A)]	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/> N/A <input type="checkbox"/>
b.	Does the o/o use appropriate controls to prevent spills or overflows from the system (e.g., check valves, dry disconnect couplings, high level alarms, etc.)? [3745-66-94(B)]	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/> N/A <input type="checkbox"/>
c.	If a leak or spill has occurred in the tank system, has the o/o complied with 3745-66-96? [3745-66-94(C)]	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> N/A <input checked="" type="checkbox"/>

TANK SYSTEM – INSPECTION REQUIREMENTS

3.	Has the o/o documented the inspections required in 3745-66-95, in the operating record, including inspection of the following:				
a.	Spill control equipment each operating day? [3745-66-95(A)(1)]	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/> N/A <input type="checkbox"/>
b.	Above ground portion of tank each operating day? [3745-66-95(A)(2)]	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/> N/A <input type="checkbox"/>
c.	Data from leak detection equipment each operating day? [3745-66-95(A)(3)]	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/> N/A <input type="checkbox"/>
d.	Construction materials and area immediately surrounding the tanks for signs of erosion or release of hazardous waste each operating day? [3745-66-95(A)(4)]	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/> N/A <input type="checkbox"/>

NOTE: "Each operating day" is each day that the tank system is being used to manage (store or treat) hazardous waste.

4.	Where applicable, the cathodic protection system to confirm proper operation within six months of initial installation and annually thereafter? [3745-66-95(B)(1)]	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> N/A <input checked="" type="checkbox"/>
5.	Where applicable, all sources of impressed current at least bi-monthly? [3745-66-95(B)(2)]	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> N/A <input checked="" type="checkbox"/>

TANK SYSTEM CLOSURE REQUIREMENTS

6.	If the generator has closed a <90 day tank, was closure completed in accordance with OAC 3745-66-97 (except for paragraph C)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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TANK SYSTEMS STORING IGNITABLE OR REACTIVE WASTES

7.	For tanks used to treat or store ignitable or reactive wastes, has the o/o complied with one of the following: [3745-66-98(A)]	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> N/A <input checked="" type="checkbox"/>
a.	Is the waste treated immediately after placement in the tank so that the resultant mixture is no longer ignitable or reactive and the o/o has conducted such activities in compliance with 3745-66-17(B)? [3745-66-98(A)]; or	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> N/A <input checked="" type="checkbox"/>
b.	Is the waste stored or treated to protect it from materials or conditions which may cause ignition or reaction? [3745-66-98(A)]; or	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> N/A <input checked="" type="checkbox"/>
c.	The tank is used solely for emergencies? [3745-66-98(A)]	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> N/A <input checked="" type="checkbox"/>
8.	If ignitable or reactive waste is stored or treated, are protective distances maintained between waste management areas and any public streets, alleys or adjoining property lines as required by the NFPA Flammable and Combustible Liquids Code (1996)? [3745-66-98(B)]	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> N/A <input checked="" type="checkbox"/>
9.	Has the o/o placed incompatible wastes or materials into the same tank	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> N/A <input checked="" type="checkbox"/>

	system, or into a tank system that has not been decontaminated and which previously held an incompatible waste or material? [3745-66-99(A) and/or (B)]	
a.	If so, have the requirements of 3745-65-17(B) been met? [3745-66-99(A) and/or (B)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
TANK SYSTEM - WASTE ANALYSIS REQUIREMENTS		
10.	In addition to conducting the waste analysis required by 3745-65-13, when the tank system is used to store or treat a waste which is substantially different or uses a substantially different process than previously used, has the o/o done one of the following: [3745-66-100]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
a.	Conducted waste analysis and trial treatment or storage tests? [3745-66-100(A)]; OR	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	Obtained written documentation on similar waste under similar operating conditions to show that the proposed storage/treatment will meet the requirements of OAC 3745-66-94? [3745-66-100(B)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
TANK SYSTEMS REQUIREMENTS		
11.	Is there a written assessment attesting that the design, installation and structural integrity of the system is adequate for the management of hazardous waste(s)? [3745-66-92(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>NOTE: You should review the file to see if the written assessment has been previously reviewed and what the results were.</i>		
12.	Does the written assessment include the following: [3745-66-92(A)]	
a.	Certification by an independent registered, professional engineer? [3745-66-92(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	Consideration of the design standards of the system? [3745-66-92(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
c.	Consideration of the hazardous characteristics of the waste(s)? [3745-66-92(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
d.	An evaluation by a corrosion expert (only if the external system/components are metal and in contact with soil or water)? [3745-66-92(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
e.	A determination of design and operational measures that will be needed to protect the tank system from potential damage (only for underground tank components)? [3745-66-92(A)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
f.	Design considerations to ensure that the tank foundations will maintain the load of a full tank? [3745-66-92(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
g.	Design considerations for anchoring the unit to prevent floatation (only for tanks situated in a seismic fault zone or saturated zone)? [3745-66-92(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
h.	Design considerations to ensure that the tank system will withstand the effects of frost heave(only for underground tank systems)? [3745-66-92(A)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<i>NOTE: CO-DHWM Engineering staff are available to assist you with evaluation of the written assessment.</i>		
13.	Are there written statements by those persons who supervised installation or certified design of the new tank system, that the tank system was properly installed and designed and that required repairs were performed? [3745-66-92(G)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Do the written statements address all of the following:		
a.	Inspection for damage and/or inadequate construction and installation was conducted? [3745-66-92(B)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	Statement that deficiencies were corrected before the tank system was covered or put into use? [3745-66-92(B)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
c.	Proper backfilling? [3745-66-92(C)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

d.	Tightness test; if the tank system was found not to be tight, does the statement indicate that proper repairs were made? [3745-66-92(D)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
e.	Proper support and protection of ancillary equipment? [3745-66-92(E)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
f.	Supervision of the installation of field fabricated corrosion protection? [3745-66-92(F)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

SECONDARY CONTAINMENT

14.	Has secondary containment been provided?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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NOTE: All tank systems must have secondary containment at this point, except for tank systems that store/treat materials that become hazardous waste after January 12, 1987, must have secondary containment required within the time intervals in 3745-66-92(A)(1) to (A)(4). The date the material became a hazardous waste must be used in place of January 12, 1987. [3745-66-92(A)(5)]

15.	Is secondary containment one of the following:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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a.	An External Liner ? [3745-66-93(E)(1)] If so,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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i.	Is liner designed or operated to contain 100% of the capacity of the largest tank?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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ii.	Is liner designed and operated to prevent run-on and infiltration <u>or</u> the collection system has <u>excess</u> capacity to contain run-on and infiltration from a 25-year, 24-hour storm?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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iii.	Is liner free of cracks and gaps?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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iv.	Does liner completely surround the tank and cover all earth likely to be contacted by waste during a release?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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v.	Are chemically resistant water stops in place at all points? (concrete liners only)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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vi.	Is there a compatible interior coating or lining to prevent migration of waste into the concrete? (concrete liners only)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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b.	Vault System ? [3745-66-93(E)(2)] If so,	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
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i.	Is vault system designed to contain 100% of the capacity in the largest tank?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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ii.	Is liner designed and operated to prevent run-on and infiltration <u>or</u> the collection system has <u>excess</u> capacity to contain run-on and infiltration from a 25-year, 24-hour storm?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
-----	--	--

iii.	Are chemically resistant water stops in place at all points?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
------	--	--

iv.	Is there a compatible interior coating to prevent migration into the concrete?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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v.	For ignitable or reactive waste : Is the vault system provided with means to prevent (or alternatively "protect against") the formation or ignition of vapors?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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vi.	Is vault system provided with an exterior moisture barrier?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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c.	Double-Walled Tank ? [3745-66-93(E)(3)] If so,	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
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i.	Is double-walled tank designed as an integral structure to contain any release from the inner tank?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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ii.	If metal , are the primary tank interior and outer shell exterior surfaces protected from corrosion?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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iii.	Is double-walled tank provided with a continuous leak detection system able to detect a release within 24 hours or	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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[Facility Name/Inspection Date]

[ID number]

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		at the earliest practicable time?	
d.	An Equivalent Device? As described in 3745-66-93(D)(4) which has been approved by the director? [3745-66-93(D&E)]		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
SECONDARY CONTAINMENT DESIGN/OPERATION/INSTALLATION			
16.	Has each secondary containment system been designed, installed and operated to prevent <u>any</u> migration of wastes or liquid to the soil, groundwater, or surface water and is it capable of <u>detecting</u> and <u>collecting</u> releases and accumulated liquids? [3745-66-93(B)(1) and (2)]		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
17.	Does the secondary containment system meet the following minimum requirements of [3745-66-93(C)]:		
a.	Constructed or lined with compatible materials of sufficient strength to prevent failure? [3745-66-93(C)(2)]		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	Placed on a foundation or base capable of providing support? [3745-66-93(C)(2)]		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
c.	Provided with a leak detection system designed/operated to detect failure to primary or secondary containment or any release of hazardous waste within 24 hours or at earliest practicable time? [3745-66-93(C)(3)]		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
d.	Sloped or designed to drain and remove liquid resulting from leaks, spills or precipitation? [3745-66-93(C)(4)]		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
e.	Any liquid which accumulates in the containment unit resulting from spills, leaks or precipitation removed within 24 hours or in a timely manner? [3745-66-93(C)(4)]		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
ANCILLARY EQUIPMENT REQUIREMENTS			
18.	Is ancillary equipment provided with secondary containment (such as double-walled piping, jacketing or a trench)?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
	If not , is the ancillary equipment one of the following: [3745-66-93(F)]		
a.	Above ground piping (exclusive of flanges, joints, valves and connections) that is inspected daily?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	Welded flanges, welded joints and/or welded connections that is inspected daily?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
c.	Sealless or magnetic coupling pumps and/or sealless valves?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
d.	Pressurized above ground piping systems with automatic shut-off devices (e.g., excess flow check valves, flow metering shutdown and/or loss of pressure-actuated shut-off devices) that is inspected daily?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
TANK SYSTEMS FOUND TO BE LEAKING OR UNFIT FOR USE			
19.	Has there been a leak or spill from any tank system or has any tank system been found unfit for use? If so , did the o/o:		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<i>NOTE: If the tank is found to be unfit for use, inspector should explain why.</i>			
a.	Immediately cease flow of material into tank and investigate the cause of the release? [3745-66-96(A)]		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
b.	Remove waste from tank system to prevent further release within 24 hours of detection or earliest practicable time? [3745-66-96(B)(1)]		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
c.	Remove all material released into secondary containment system within 24 hours or as timely as possible to prevent harm to human health and the environment? [3745-66-96(B)(2)]		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
d.	For a visible release to the environment, immediately conduct a visual inspection of the release? [3745-66-96(C)]		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
e.	For a visible release to the environment, prevent further migration of the leak or spill to soils or surface waters? [3745-66-96(C)]		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
f.	For a visible release to the environment, properly dispose of any visibly contaminated soil or surface water? [3745-66-96(C)]		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

g.	Report any release to the environment to the director within 24 hours unless it was less than one pound and was cleaned up immediately? [3745-66-96(D)(1)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
h.	For a release to the environment, submit a written report of the incident to the director within 30 days of the release? [3745-66-96(D)(3)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
i.	Remediate the spill and repair the unit prior to returning it to service? [3745-66-96(E)(2)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
j.	For a release from a tank system without secondary containment, did the o/o provide secondary containment meeting the requirements of 3745-66-93 for the unit prior to putting it back into service? [3745-66-96(E)(4)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
NOTE: The requirements noted in 20.j. do not apply if the release was from an above ground component of the tank which can be inspected visually after being put back into service.		
20.	In the event that the repairs to the tank system were major (e.g., replacement of liner, repair of ruptured primary or secondary containment structure), did the o/o obtain a certification from an independent, registered P.E. attesting that the repaired unit is capable of handling hazardous waste? [3745-66-96(F)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
21.	Was a copy of the certification submitted to the director within seven days after returning the system to use? [3745-66-96(F)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
22.	If the o/o was unable to repair and return the unit to service as described in 20.a through 20.e, was the tank system closed in accordance with 3745-66-97? [3745-66-96(E)(1)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
23.	Does the o/o have a tank system with a variance from secondary containment from which a release has occurred but <u>has not</u> migrated beyond the zone of engineering control? If so,	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
a.	Has the o/o complied with 3745-66-96(A) through (F) and decontaminated soils? [3745-66-93(G)(3)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
b.	If soils cannot be decontaminated/removed, has the o/o complied with 3745-66-97(B)? [3745-66-93(G)(3)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
24.	Does the o/o have a tank system with a variance from secondary containment from which a release occurred and <u>has</u> migrated from the zone of engineering control? If so,	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
a.	Has the o/o complied with 3745-66-96(A) through (D), prevented migration, and decontaminated soil? [3745-66-93(G)(4)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
b.	If soils cannot be decontaminated/removed, or if the groundwater has been contaminated, has the o/o complied with 3745-66-97(B)? [3745-66-93(G)(4)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

[Facility Name/Inspection Date]

[ID number]

LQG TANK /June 2008

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Acid Zinc, Zinc Phosphate PROCESS, WASTE, P2 SUMMARY SHEET

RAWAC 09

Facility Name:

Facility Type: LQG/SQG/CESQG/TSD Date of Inspection:

EPA ID#: OHD 004 289 758

Waste Generated			On- or Off-Site Management		P2 Activities	
Process/Activity Generating Waste (e.g. plating bath, machining, baghouse, painting, general maintenance, etc)	Waste Description (e.g. sludge, solvent, ash, used oil, spent lamps, etc.) and EPA Waste Code, if applic.	QTY Generated per Month, Type of Accumulation (container, tank, etc) and location of waste accumulation area	Type of On-Site Treatment (recycle, wwt, etc)	Name, state, and type of activity occurring at the off-site facility.	Current P2 Activities	P2 Opportunities
1 WWT	Sludge - non-haz	65,000 lbs/yr		Rumpke - Landfill		
2 Acid Stripping / Cleaning	spent Acid bath D002, D006, D007, D008	10,000 gal/yr		Vreckery - Env. deep well injection		
3						
4						

5							
6							
7							
8							
9							

REMARKS-GENERAL INFORMATION

General Process Information:

Regulatory/Enforcement History (if applicable):

Additional P2 remarks and information:

Would this facility be interested in a P2 assessment? Yes* No *If yes, refer promptly to your district P2 coordinator.
 Office of Compliance Assistance and Pollution Prevention - 1-800-329-7518 or p2mail@epa.state.oh.us or www.epa.state.oh.us/ocapp/ocapp.html
 Other:

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
or mail it to Kristina Durnell, Central Office

Site EPA ID No. Site Name Site Location Information Site Land Type (check only one) NAICS code(s) www.census.gov/epcd/www/naics.html	EPA ID Number: OHD 004 284 758 Name: RAWAC Plating Co. Street Address: 125 north bell ave City, Town, or Village: springfield County Name: clark 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"/> Website: (Optional) State: OH Zip Code: 45504
Facility Representative Additional names can be recorded in number 12 Only provide address information if it is different than the site address	First Name: David MI: J Last Name: Esselstein Phone Number: 937-322-7491 Phone Number Extension: 18 E-Mail Address: davee@rawac.com 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: Art Gianakopoulos Owner Private County District Federal Indian Municipal State Other Type: <input checked="" type="checkbox"/> <input type="checkbox"/> Street or P.O. Box: City, Town or Village: State: Date Became Owner (mm/dd/yyyy): 04/01/1970 Owner Phone #: Country: Zip Code: Name of Site's Operator: Art Gianakopoulos Operator Private County District Federal Indian Municipal State Other Type: <input checked="" type="checkbox"/> <input type="checkbox"/> Street or P.O. Box: 125 north bell ave City, Town or Village: springfield State: ohio Date Became Operator (mm/dd/yyyy): 04/01/1970 Operator Phone #: United States Zip Code: 45504

VIOLATIONS CITED? Yes No

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 checked="" type="checkbox"/> Large Quantity Generator (LQG)
		<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"/> 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

Batteries
 Pesticides
 Mercury containing equipment
 Lamps

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

Used Oil Generator
 Used Oil Transporter
 Used Oil Transfer Facility
 Used Oil Processor
 Used Oil Re-refiner
 Off-Specification Used Oil Burner
 Used Oil Fuel Marketer Who Directs Shipment of Off-Spec. Oil
 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 RCRAInfo source record, you do not need to list them all. Instead just indicate the date of the most recent source record.

d002	d006	d007	d008
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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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Other Comments:
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)
Brian Gitzinger		10/22/2009 high noon

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)

