



State of Ohio Environmental Protection Agency

Southwest District Office

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Dayton, Ohio 45402

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

January 25, 2010

Alkermes, Inc.
Raymond Rumke
265 Olinger Circle
Wilmington, Ohio 45177

10/19/09 all others
02-6 1/19
per TEK

**Re: Compliance Evaluation Inspection
Return to Compliance
Large Quantity Generator - US EPA ID# OHD987045440**

Mr. Rumke:

On October 15, 2009, the Ohio Environmental Protection Agency (Ohio EPA) inspected the Alkermes facility located in Wilmington, Ohio to determine Alkermes' 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). A Notice of Violation was issued dated October 19, 2009.

On October 19, 2009, Ohio EPA received documentation of daily hazardous waste tank inspections. On January 19, 2010 the Ohio EPA received additional information regarding the tank violations. As a result of the information provided, Alkermes now appears to be meeting the minimum requirements. As a result, Alkermes is Returned to Compliance at this time on the violations issued. Note that records of the inspections and tank documentation and must be kept on file at the facility; OAC 3745-66.

Sincerely,

Thomas E. Koch,
Division of Hazardous Waste Management

c.c. Robyn Fox, SWDO-DHWM/SWDO, File :
Alkermes Corporate, Andrew Keeler, Corp. HSE

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.

TEK\bp



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	EPA ID Number: OHD987045440 Name: Alkermes, Inc.		Website: (Optional)	
Site Location Information	Street Address: 265 Olinger Circle City, Town, or Village: Wilmington County Name: Clinton		State: OH Zip Code: 45177	
Site Land Type (check only one) NAICS code(s) www.census.gov/epcd/www/naics.html	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"/>			
	325412			
Facility Representative Additional names can be recorded in number 12 Only provide address information if it is different than the site address	First Name: Raymond MI: _____ Last Name: Rumpke Phone Number: 937-655-4454 Phone Number Extension: _____ E-Mail Address: _____ Fax Number: _____ Fax Number Extension: _____ Street or P.O. Box: SAA 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: ALKERMES CONTROLLED THERAPEUTICS INC II Owner Private County District Federal Indian Municipal State Other Type: <input checked="" type="checkbox"/> <input type="checkbox"/>		Date Became Owner (mm/dd/yyyy): 3/12/1996	
	Street or P.O. Box: 88 SIDNEY ST City, Town or Village: CAMBRIDGE State: MA		Owner Phone #: _____ Country: _____ Zip Code: 02139-4137 Date Became Operator (mm/dd/yyyy): _____	
	Name of Site's Operator: Alkermes, Inc. Operator Private County District Federal Indian Municipal State Other Type: <input type="checkbox"/>		Operator Phone #: _____ United States Zip Code: _____	
	Street or P.O. Box: _____ City, Town or Village: _____ State: _____			

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 checked="" 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.

D001 D002 F002 F003 F005 D008 D009

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

Announced Yes No Additional Facility Representatives: **Paul Dearing, Hoy Pennington**
Tanks Yes No Other Comments:
Containers Yes No

Name of Inspector(s) Name of Inspector(s) Date of Inspection/Time
Thomas Koch **na** **10/15/2009 10:30**

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)

