



State of Ohio Environmental Protection Agency

Northeast District Office

2110 East Aurora Rd.
Twinsburg, Ohio 44087

TELE: (330) 963-1200 FAX: (330) 487-0769
www.epa.state.oh.us

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

August 26, 2008

RE: **DAVE'S AUTO BODY**
OHD 987025467
NOTICE OF VIOLATION

Dave Walters
Dave's Auto Body
9270 Valley View Road
Macedonia, Ohio 44056

Dear Mr. Walters:

On August 19, 2008, I conducted an inspection of Dave's Auto Body located at 9270 Valley View Road, Macedonia, Ohio. The purpose of the inspection was to determine if Dave's Auto Body had violations of Ohio's hazardous waste and used oil laws as found in Chapter 3734 of the Ohio Revised Code (ORC) and Chapter 3745 of the Ohio Administrative Code (OAC).

You showed me records of hazardous waste cleanup solvent being picked up by Petro-Chem Processing in Detroit, Michigan during the years of 1996, 1999, 2002, 2006 and 2007. Based on this, you appear to generate less than 220 pounds of hazardous waste per month and, as such, are classified as a Conditionally Exempt Small Quantity Generator. You stated that your lighting company, Southern Reflections, takes waste fluorescent lamps when they burn out. You should request a receipt from them when they pick up the waste lamps showing how many were taken and on what date. You showed me three waste fluorescent lamps that were not in a container. A fact sheet regarding waste lamps is enclosed. OAC rule 3745-273-13 (D) requires waste lamps to be kept in a container such as a cardboard box that will prevent breakage of the lamps. Dave's Auto Body violated this rule by not having these lamps in a container. **Please correct this and send documentation of that to me.**

Ohio EPA's Office of Compliance Assistance and Pollution Prevention (OCAPP) provides compliance and pollution prevention assistance on environmental issues related to air, land, and water. They can be contacted at (800) 329-7518, or <http://www.epa.state.oh.us/ocapp/ocapp.html>.

You can find copies of the regulations and other information on the Division of Hazardous Waste Management web page at <http://www.epa.state.oh.us/dhwm/>.

Dave Walters
Dave's Auto Body
August 26, 2008
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If you have any questions, please contact me at (330) 963-1217, or robert.almquist@epa.state.oh.us.

Sincerely,



Robert Almquist
Division of Hazardous Waste Management

RA:cl
Enclosures

cc. Natalie Oryshkewych, DHWM, NEDO

ec. Frank Popotnik, DHWM, NEDO
Harry Sarvis, DHWM, CO

Notice:

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

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

For Ohio EPA use only

E-mail this completed form to kristina.durnell@epa.state.oh.us
 or mail it to Kristina Durnell, Central Office

Site EPA ID No.:	EPA ID Number: OHD987025467								
Site Name:	Name: Dave's Auto Body					Website: (Optional)			
Site Location Information:	Street Address: 9270 Valley View Road					State: OH			
	City, Town, or Village: Macedonia					Zip Code: 44056			
Site Ownership:	Private	County	District	Federal	Indian	Municipal	State	Other	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Facility Representative:	First Name: Dave			MI:	Last Name: Walters				
	Phone Number: 330-468-1224				Phone Number Extension:				
	E-Mail Address:					Fax Number Extension:			
	Fax Number:					Fax Number Extension:			
	Street or P.O. Box:								
	City, Town or Village:					State:		Country:	Zip Code:
Facility Owner and Operator:	Name of Site's Legal Owner:					Date Became Owner (mm/dd/yyyy): 1993			
	Dave Walters								
Facility Operator:	Owner	Private	County	District	Federal	Indian	Municipal	State	Other
	Type:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Street or P.O. Box: same as facility								
	City, Town or Village:					Owner Phone #:			
	State:					Country:		Zip Code:	
	Name of Site's Operator:					Date Became Operator (mm/dd/yyyy):			
	Owner	Private	County	District	Federal	Indian	Municipal	State	Other
	Type:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Street or P.O. Box:								
	City, Town or Village:					Operator Phone #:			
	State:					Country:		Zip Code:	
Violations Cited?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
Type of Generator:	<input type="checkbox"/> Not Regulated				<input checked="" type="checkbox"/> Conditionally Exempt Small Quantity Generator				
	<input type="checkbox"/> UNKNOWN: Cited for violation of 3745-52-11				<input type="checkbox"/> United States Importer of Hazardous Waste				
	<input type="checkbox"/> Large Quantity Generator (LQG)				<input type="checkbox"/> Mixed Waste (Hazardous and Radioactive) Generator				
	<input type="checkbox"/> Small Quantity Generator (SQG)								
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 generated and/or accumulated (check all boxes that apply):
 Small Quantity Handler of Universal Waste **Large Quantity Handler of Universal Waste**
 Destination Facility for Universal Waste (accumulates 5,000 kg. or more)

Check all that apply (check all that apply for each of the three types of facilities above)		Used Oil Activities (Indicate Type(s) of Activity)	
	Managed	<input type="checkbox"/> Used Oil Generator	<input type="checkbox"/> Off-Specification Used Oil Burner
Batteries	<input type="checkbox"/>	<input type="checkbox"/> Used Oil Transporter	<input type="checkbox"/> Used Oil Fuel Marketer Who Directs Shipment of Off-Spec. Oil
Pesticides	<input type="checkbox"/>	<input type="checkbox"/> Used Oil Transfer Facility	<input type="checkbox"/> Used Oil Fuel Marketer to Off-Specification Used Oil Burner
Mercury containing equipment	<input type="checkbox"/>	<input type="checkbox"/> Used Oil Processor	
Lamps	<input checked="" type="checkbox"/>	<input type="checkbox"/> Used Oil Re-refiner	

Waste Codes for Federally Regulated Hazardous Wastes: Please list the codes for the Federal Hazardous Waste Manifest for this site. List them in the order they are presented in the regulations (e.g. F001, F002, etc.). If additional space or more space is needed, if there are more than 10 waste codes and they are listed in the manifest, you do not need to list them all. Instead, just indicate the date of the most recent source record.

D001 D035 F003 F005

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:
Tanks Yes No Other Comments:
Containers Yes No

Name of Inspector(s) Name of Inspector(s) Date of Inspection (mm/dd/yyyy) (to 4 am)
Robert Almquist 8/19/2008

OPTIONAL CERTIFICATION: I certify under penalty of law that this document and all attachments were prepared by me or under my direct supervision and that I am a duly qualified person based on my ability or the person or persons who prepared the information. I am aware that there are significant penalties for submitting false information, including fines and imprisonment for knowing violations.

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