



State of Ohio Environmental Protection Agency

Northwest District Office

347 North Dunbridge Road
Bowling Green, OH 43402-9398

TELE: (419) 352-8461 FAX: (419) 352-8468
www.epa.state.oh.us

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

Re: Complaint # 2679
Complete Laundering Services
OHR 000032334
Lucas County
Hazardous Waste
Notice of Violation/RTC

November 7, 2007

Mr. Ray Zammit, Owner
Complete Laundering Services
638 N. Lallendorf Road
Oregon, Ohio 43616

Dear Mr. Zammit:

On October 11, 2007, I investigated a complaint, regarding waste management at Complete Laundering Services (CLS) in Oregon, Ohio. The complaint was received by Ohio EPA on July 23, 2007. The complaint, by the Oregon Fire Department, reported that a fire at your facility involved several drums of waste chemicals. This letter will explain the validity of the complaint and the result of my investigation.

You explained that CLS performs water based laundering and dry cleaning. Work gloves are the main product cleaned. You generate tetrachloroethylene contaminated lint (F002) from your dry cleaning business. CLS is a hazardous waste small quantity generator (SQG). You explained that there was a fire in your back storage building and that it resulted in a complete loss. You explained that there were four 55-gallon drums of the waste tetrachloroethylene contaminated lint consumed in the fire. Therefore, the complaint appeared to be valid.

I performed a limited inspection of your water based laundering and dry cleaning business. As a result of my investigation, I found the following violations of Ohio's hazardous waste laws:

**1. Container Labeling
OAC Rule 3745-52-34(A)(3)**

A generator may accumulate hazardous waste in containers provided that: (3) while being accumulated each container is labeled or marked clearly with the words "Hazardous Waste".

CLS had failed to label five 55-gallon drums of tetrachloroethylene contaminated lint (F002) with the words "Hazardous Waste". You placed a hazardous waste label on the drums, in my presence, before the end of my investigation on October 11, 2007. **Therefore, this violation was corrected on October 11, 2007.**

**2. Container Dating
OAC Rule 3745-52-34(A)(2)**

A generator may accumulate hazardous waste in containers provided that: (2) the date upon which each period of accumulation begins is clearly marked and visible for inspection on each container.

Mr. Ray Zammit
November 7, 2007
Page Two

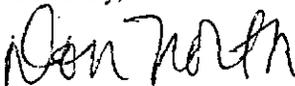
CLS had failed to label five 55-gallon drums of tetrachloroethylene contaminated lint (F002) with the date the waste was generated. You placed a hazardous waste label on the drums and marked the accumulation start date of October 7, 2007, on them, in my presence, before the end of my investigation on October 11, 2007. **Therefore, this violation was corrected on October 11, 2007.**

CLS corrected both violations observed during my October 11, 2007, investigation, before I left the facility.

The Division of Hazardous Waste Management has created an electronic news service to provide you with quick and timely updates on events and news related to hazardous waste, used oil and universal waste activities in Ohio. If you haven't already, we encourage you to sign-up for this free service. You can find more information at the following Web link <http://www.epa.state.oh.us/dhwm/listserv.html>. Please feel free to share this information with your colleagues.

If you have any questions, please feel free to contact me at (419) 373-3074. You can find copies of the rules and other information on the division's web page at <http://www.epa.state.oh.us/dhwm>. Ohio EPA also has helpful information about pollution prevention at the following web address: <http://www.epa.state.oh.us/opp>.

Sincerely,



Don North
District Representative
Division of Hazardous Waste Management

/lb

pc: Colleen Weaver, DHWM, NWDO
Cindy Lohrbach, DHWM, NWDO
Bill Wilkins, Oregon Fire Chief
~~DHWM, NWDO, Lucas County General File~~

ec: Don North, DHWM, NWDO

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.

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

For Ohio EPA use only

E-mail this completed form to
tammy.mcconnell@epa.state.oh.us or mail it to Tammy
McConnell, Central Office

Site EPA ID No.	EPA ID Number: OHR 000 032 334									
Site Name:	Name: Complete Laundering Services				Website: (Optional)					
Site Location Information:	Street Address: 638 N. Callendorf Road									
	City, Town, or Village: Oregon				State: OH					
	County Name: Lucas				Zip Code: 43616					
Site Land Type (check only one)	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"/>		
NAICS code(s) www.census.gov/epcd/www/wnaics.html										
Facility Representative Additional names can be recorded in number 12 Only provide address information if it is different than the site address 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	First Name: Ray Zammit		MI:		Last Name: Zammit					
	Phone Number: (419) 697-2782				Phone Number Extension:					
	E-Mail Address: rzammit@kleenalooves.com				Fax Number Extension:					
	Fax Number: (419) 697-2782				Street or P.O. Box: 638 N. Callendorf Road					
	City, Town or Village: Oregon				State: OH		Country: USA		Zip Code: 43616	
	Name of Site's Legal Owner: Ray Zammit				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: Same				City, Town or Village:					Owner Phone #:	
City, Town or Village:				State:		Country:		Zip Code:		
Name of Site's Operator: Same				Date Became Operator (mm/dd/yyyy):						
Owner Type:	Private <input type="checkbox"/>	County <input type="checkbox"/>	District <input type="checkbox"/>	Federal <input type="checkbox"/>	Indian <input type="checkbox"/>	Municipal <input type="checkbox"/>	State <input type="checkbox"/>	Other <input type="checkbox"/>		
Street or P.O. Box:				City, Town or Village:					Operator Phone #:	
City, Town or Village:				State:		Country:		Zip Code:		
Violations Cited?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Type of Generator										
<input type="checkbox"/> Not Regulated					<input 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 checked="" 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))

<input type="checkbox"/> Small Quantity Handler of Universal Waste	<input type="checkbox"/> Large Quantity Handler of Universal Waste (accumulates 5,000 kg. or more)
<input type="checkbox"/> Destination Facility for Universal Waste	

(Check all boxes below that apply for each of the three types of facilities above)

Managed:		Used Oil Activities (Indicate Type(s) of Activity)	
Batteries	<input type="checkbox"/>	<input type="checkbox"/> Used Oil Generator	<input type="checkbox"/> Off-Specification Used Oil Burner
Pesticides	<input type="checkbox"/>	<input type="checkbox"/> Used Oil Transporter	<input type="checkbox"/> Used Oil Fuel Marketer Who Directs Shipment of Off-Spec. Oil
Mercury containing equipment	<input type="checkbox"/>	<input type="checkbox"/> Used Oil Transfer Facility	<input type="checkbox"/> Used Oil Fuel Marketer to Off-Specification Used Oil Burner
Lamps	<input type="checkbox"/>	<input type="checkbox"/> Used Oil Processor	
		<input type="checkbox"/> Used Oil Re-refiner	

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 RCRA Info source record, you do not need to list them all. Instead just indicate the date of the most recent source record.

F002

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	Other Comments:
Containers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Name of Inspector(s): <i>Don North</i>	Name of Inspector(s):	Date of Inspection/Time (mm/dd/yyyy) (hh:mm) <i>10-11-07</i>
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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)